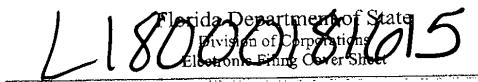
8/1/2018

Division of Corporations



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Division of Corporations

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From:

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Account Number : 120140000098

Phone

: (786)372-1391

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\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

### LEONVARA LLC

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# H180002238973

#### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LEONVARA	LLC
(Name of the Limited Liability Con (A Florida Limit	mpany as it now appears on our records.) ted Liability Company)
The Articles of Organization for this Limited Liability Comparida document number <u>L18000181615</u>	any were filed on 07/30/2018 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited !	liability company here:
The new name must be distinguishable and contain the words "Limited L	Liability Company," the designation "LLC" or the library vision "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered agent and/or the new registered office address	d office address on our records, enter the name of the name.
Name of New Registered Agent:	<del>.</del>
New Registered Office Address:	Enter Florida street address
	, Florida
	City Zan Code

### New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

H 18000 2338445

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	Nicolas Culotta Vara	5862 West Flagler Street	■ Add
		Miami Floria 33144	□ Remove
			Change
AMBR	Gian P. Culotta Vara	5862 West Flagler street	■ Add
		Miami Florida 33144	O Remove
			Change
			Add Add
			S 2 m Remove
			Bernove Change
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Tective date, if other than the date of f an effective date is listed, the date must be specifi- ote: If the date inserted in this block does r ocument's effective date on the Department	not meet the applicable	ate of filing or more than 90 statutory filing requirem	(optional) days after filing ) Pursuant to 605.03 eents, this date will not be listed
e record specifies a delayed effective. The 90th day after the record is fil	ve date, but not a led.	n effective time, at :	12:01 a.m. on the earlier
08/01/ 	2018		•
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