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COVER LETTER

O: Registration Section Division of Corporations
SUBJECT: Le June 908 Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Alejandro Micovel. Name of Person Je June 908 Firm/Company 11760 SW 40 ^H ST sciTE 502 Address Miami, FL 33175 City/State and Zip Code Silinaves 676 Jahoo. com E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Sandra Baras at (786) 303 - 8025 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
X \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)

Mailing Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Le June 908

(Name of the Limited I.	ability Company as it now appears on o orida Limited Liability Company)	our records.)	
The Articles of Organization for this Limited Liabil Florida document number <u>L 19000033</u>	y Company were filed on 01	31/2019	and assigned
This amendment is submitted to amend the following	r:		
A. If amending name, enter the new name of the	limited liability company here:	;÷;	201
The new name must be distinguishable and contain the words	Limited Liability Company," the designation	ation "LLC" or the abl	previation "L.L.C"
Enter new principal offices address, if applicable (Principal office address MUST BE A STREET A			24 PH
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)	4 1 20 -0 1	140th ST FL 33	50 (TE 50)
B. If amending the registered agent and/or regis agent and/or the new registered office address he		ds, <u>enter the nam</u>	e of the new registered
Name of New Registered Agent:	Alejandro Mic 1760 SW 40th	ouel.	
New Registered Office Address:	.1760 SW 40 th Enter Florida st		<u> </u>
_	Liani City	, Florida	33175 Zip 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 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
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			□Remove
			□Change
			🗆 Add
			□Remove
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