L19000043037

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2019 APR 11 PM 2: 48

Amend

APR 1 7 2019

IV. TOTITON

COVER LETTER

•	ation Section of Corporations
SUBJECT:	Leonor I, LIC
	Name of Limited Liability Company
The enclosed Art	icles of Amendment and fee(s) are submitted for filing.
Please return all	correspondence concerning this matter to the following:
	Johanna Melo Name of Person
	Name of Person
	JO Giroup LLC Firm/Company
	1300 Brickell Bay Drive Suite 500
	Address
	Miami, FL 33131
	City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
For further inform	nation concerning this matter, please call:
	Alejandra KWAa 31,786, 502-4944
	Name of Person Area Code Daytime Telephone Number
Enclosed is a che	ck for the following amount:
□ \$25.00 Filing	Fee Signature Status Signature Signa

MAILING ADDRESS:

TO:

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

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Leonor I, LLC	
(Name of the Limited Liability Company as it now appears on or (A Florida Limited Liability Company)	ur records.)
The Affices of Organization for this Elithica Elability Company were fred on	2/12/2019 and assigned
Florida document number <u>L 19000043037</u> .	1
This amendment is submitted to amend the following:	I
A. If amending name, enter the new name of the limited liability company here:	i
The new name must be distinguishable and contain the words "Limited Liability Company," the designat	ion "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
	2019
	# TI
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	111
	72
	E
B. If amending the registered agent and/or registered office address on our	records, enter the name of the r
registered agent and/or the new registered office address here:	<u></u>
Name of New Registered Agent:	
New Registered Office Address:	1
Enter Florida stre	ret address
	, Florida
City	, Florida 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 capac.	ity I further garee to comply with

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

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>	<u>Name</u>	Address	Type of Action
AMBR	Jesus Quintero	1300Brickell Bay Drive Suite 500, Mari Fe 3	⊠ Add
		Suite 500, Mani Fe	33131 □ Remove
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(If an effi	ive date, if other than the date of filing: (optional)
	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a nent's effective date on the Department of State's records.
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
(D) THE	M//
rs a 1	
Dated	1 121
Dated	\mathcal{M} /
Dated	Signature of a member or authorized entative of a member

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Filing Fee: \$25.00