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TO:

	Registration Se Division of Cor			
SUBJEC	LEON PLL	C		
SUBJEC		Name of Lin	nited Liability Company	
The enclo	sed Articles of	Amendment and fee(s) are sub	omitted for filing.	
		ndence concerning this matter	_	
		Jose C. Leon		22
		Leon Law Group PELC	Name of Person	
		706 NW 87th Ave. No. 20	Firm/Company	
		Miami, FL 33172	Address	
		joseleon177@yahoo.com	City/State and Zip Code	
			to be used for future annual report r	otification)
For furthe Jose C. Le		oncerning this matter, please c	all: 305 300-2839	
	Name of	f Person	at ()	time Telephone Number
Enclosed	is a check for th	ne following amount:		
□ \$25.00	0 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Registra Divisio P.O. Bo	ING ADDRESS: ation Section n of Corporations ox 6327 ssee, FL 32314	STREET/COU Registration Sec Division of Cor Clifton Building 2661 Executive	porations S

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liab (A Flori	ility Company as it now apped da Limited Liability Company	ars on our records.))		_	
The Articles of Organization for this Limited Liability Plorida document number 119000075114	Company were filed on $\frac{N}{2}$	March 18, 2019	and	assigned	
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the lin	nited liability company l	<u>here</u> :			
Leon Law Group PLLC			~ ~ <u>~</u>		
The new name must be distinguishable and contain the words "Li	mited Liability Company," the	designation "LLC" ("L.ţ:C."	
Enter new principal offices address, if applicable:	706 NW 87th	Ave, No. 206	13		
Principal office address MUST BE A STREET ADE	ORESS) Miami, FL 33	172	10 to 1	1717	
			m , 10	· CJ	
Enter new mailing address, if applicable:	706 NW 87th	Ave, No. 206	5.000 5.000		
Mailing address MAY BE A POST OFFICE BOX)	Miami, FL 33	172			
s. If amending the registered agent and/or reg egistered agent and/or the new registered office ad Name of New Registered Agent:		on our records,	enter the nan	ne of the	
Name of New Registered Agent.					
New Registered Office Address:	New Address: 706 NW 87th Ave., No. 206 Enter Florida street address				
Miar	Miami Florida 3317		ida 33172		
	City	, 61011	Zip Co	do	

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

LEON PLLC

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 = M $AMBR = A$	lanager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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fective date, if other th	nan the date of filir	ng:		(optional)
n effective date is listed, the ote: If the date inserted in	date must be specific ar	nd cannot be prior to	date of filing or more t	han 90 days after filin	g.) Pursuant to 605.0207
oument's effective date of	n this block does not on the Department of	State's records.	he statutory trinig ter	quirements, tins dat	e will not be listed as
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The 90th day after t		1.			
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		menther or suthori	zed representative of a	member	
	Signature of				

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