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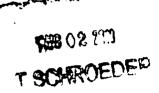
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## COVER LETTER .

Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

TO:

LEON SO SUBJECT:	FTWARE SOLUTIONS L.L.C		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	JORGE LEON MORO		
		Name of Person	<u> </u>
	LEON SOFTWARE SOL	UTIONS LLC	
		Firm/Company	
	18000 NW 68TH AVENU	E. APT 207	
		Address	
	HIALEAH, FL 33015		
		City/State and Zip Code	<del></del> -
	jlmoro14@gmail.com		
		to be used for future annual repor	t notification)
For further information of	concerning this matter, please co	all:	
JORGE LEON MORO		786 307-901	6
Name o	of Person		aytime Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 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)
Regist	ING ADDRESS: ration Section on of Corporations	STREET/CO Registration S Division of Co	

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

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

LEON SOFTWARE SOLUTIONS			
(Name of the Limi	(A Florida Limited	any as it now appears on our r Liability Company)	(ccorus.)
The Articles of Organization for this Limited Liability Company were filed on 04/01/2019		and assigned	
lorida document number L19000088332			
his amendment is submitted to amend the foll	owing:		
If amending name, enter the new name o	f the limited liab	oility company here:	
EON SOFTWARE SOLUTIONS LLC			
he new name must be distinguishable and contain the	vords "Limited Liabi	lity Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	cable:	N/A	35 19
(Principal office address MUST BE A STREET ADDRESS)			
			3 3
Enter new mailing address, if applicable:		N/A	
(Mailing address MAY BE A POST OFFICE BOX)			<u> </u>
d. If amending the registered agent and egistered agent and/or the new registered o	ffice address her	<u>·e</u> :	cords, enter the name of th
Name of New Registered Agent:	JORGE LEON MORO		
New Registered Office Address:	N/A		
		Enter Florida street (	address
			_, Florida
		City	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 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 addeor removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	JORGE J SR. LEON	18000 NW 68TH AVENUE APT 207	
		HIALEAH, FL 33015	
			■ Remove
			Change
MGR	JORGE LEON MORO	18000 NW 68TH AVENUE APT 207	
		HIALEAH, FL 33015	_
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e record specifies a delayed The 90th day after the reco		e, but not a	n <b>effective</b> ti	ime, at 12:0:	l a.m. on	the ea	rlier o
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