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COVER LETTER

TO:	•	istration Se ision of Cor					
CHR	JECT:	Leah and Nenes Accounting Services LLC					
SUD,	JEC1:						
The e	enclosed	Articles of	Amendment and fee(s) are sub	mitted for filing.			
Pleas	se return	all correspo	ndence concerning this matter	to the following:			
			Leyanis Valdes Alonso				
			Leah and Nenes Accounting	Name of Person ng Services LLC			
			427 Donald St	Firm/Company	<u> </u>		
			Lakeland FL 33813	Address			
			leyanisv02@gmail.com	City/State and Zip Code	✓		
r . c	1			to be used for future annual rep	ort notification)		
			oncerning this matter, please c				
Leyanis Valdes Alonso Name of Person			Person	863 873-1 at () Area Code	Daytime Telephone Number		
Enclo	osed is a	check for th	e following amount:				
≡ \$	25.00 F	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	Certificate of Status & Certified Copy (additional copy is enclosed)		

MAILING ADDRESS:

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

TO ARTICLES OF ORGANIZATION OF

Leah and Nenes Accounting Services LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on and assigned W19000038722 419000120465 Florida document number 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 Liability Company," the designation "LLC" or the abbreviation "LLC." 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 office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address , Florida City 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

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u> AMBR	Name Leyanis Valdes Alonso	Address 427 Donald St Lakeland FL 33813	Type of Action
			————— Add
			□ Remove
	Maria C. Alonso Fernandez	427 Donald St	Change
MGR	Mana C. Monso Permanacz	Lakeland FL 33813	■ Add
			□ Remove
			□ Change
			Remove
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	05/17/2019	
Effective date, if other than th	e date of filing:	or more than 90 days after filing.) Pursuant to 605.0207 (3)(
Note: If the date inserted in this l	ist be specific and cannot be prior to date of filing block does not meet the applicable statutory.	or more than 90 days after filing.) Pursuant to 605.0207 (3)(filing requirements, this date will not be listed as the
document's effective date on the	Department of State's records.	iming requirements, this date will not be fisted as the
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the record specifies a delaye	d effective date, but not an effective	ve time, at 12:01 a.m. on the earlier of:
The 90th day after the re	cord is filed.	
May 17	2010	
May 17 Dated	2019	
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	Signature of a member or authorized representa	suve of a member
Leyanis Valdes Alonso)	
	Typed or printed name of signe	-r

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Filing Fee: \$25.00