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(Re	questor's Name)	
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(Cit	ry/State/Zip/Phone	e #)
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(Do	ocument Number)	
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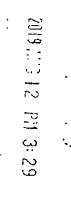


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AUG 1 2 2019

R. WHITE AUG 1 6 2019



COVER LETTER

SUBJECT:	L & E Lib			
SUBJECT.		Name of Limi	ted Liability Company	
The enclosed	l Articles of	Amendment and fee(s) are subr	nitted for filing.	
Please return	all correspo	ndence concerning this matter t	to the following:	
		Edynson Gonzalez		
		L - E Liberty LLC	Name of Person	
		3802 Bay Club Cir Unit 10	Firm/Company	
		Kissimmee, FL 34741	Address	
		lye-liberty@hotmail.com	City/State and Zip Code	
For further in	nformation co	E-mail address: (to oncerning this matter, please ea	o be used for future annual report notifi	eation)
Edynson Go	onzalez		407 866-3816	
	Name of	f Person	Area Code Daytime	Telephone Number
Enclosed is a	check for th	ne following amount:		
□ \$25.00 F	iling 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)

MAILING ADDRESS:

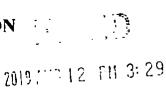
Registration Section Division of Corporations

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



L & E Liberty 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 Liab	oility Company were filed on 07/09/2019	and assigned
Florida document number L19000176480		
This amendment is submitted to amend the follow	ring:	
A. If amending name, enter the new name of the	he limited liability company here:	
The new name must be distinguishable and contain the word	ds "Limited Liability Company," the designation "LLC" or the	he abbreviation "L.L.C."
Enter new principal offices address, if applicab	de:	
(Principal office address MUST BE A STREET.	ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u></u>	
B. If amending the registered agent and/or	registered office address on our records, <u>en</u>	ter the name of the n
registered agent and/or the new registered office		in the same of the same
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	1
	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 to 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 add or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Edynson Gonzalez	3802 Bay Club Cir Unit 102 Kissimmee, FL 34741	■ Add
			□ Remove
			☐ Change
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di Hendan III a sella				
Effective date, if other than the (If an effective date is listed, the date mus Note: If the date inserted in this ble document's effective date on the Do	ock does not meet the a	applicable statutory filir	(optional more than 90 days after filing ng requirements, this date) g.) Pursuant to 605.020 will not be listed a
the record specifies a delayed) The 90th day after the reco		ıt not an effective	time, at 12:01 a.m.	on the earlier o
•				
Dated August 07	, 2019	\		
August 07	. 2019	the co		
Dated August 07	***************************************	r authorized representativ	e of a member	

Page 3 of 3

Filing Fee: \$25.00