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| (Requestor's Name) |
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| (Address) |
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| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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COVER LETTER

| SUBJECT: | ADDING A | NEW MEMBER TO LEYLA | AH FERNANDEZ LLC | | | |
|-----------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|--|--|
| Name of Limited Liability Company | | | | | | |
| The enclosed | d Articles of A | Amendment and fee(s) are sub | mitted for filing. | | | |
| Please return | all correspon | ndence concerning this matter | to the following: | | | |
| | | JORGE A. FERNANDEZ | | | | |
| | Name of Limited Liability Company ed Articles of Amendment and fee(s) are submitted for filling. rn all correspondence concerning this matter to the following: JORGE A. FERNANDEZ Name of Person LEYLAH FERNANDEZ LLC Firm/Company 1010 AUDACE AVENUE APT#408 Address BOYNTON BEACH FL. 33426 City/State and Zip Code JFERNANDEZ 16624@GMAIL.COM E-mail address: (to be used for future annual report notification) information concerning this matter, please call: FERNANDEZ Name of Person at (1) 270-9252 Area Code Daytime Telephone Number s a check for the following amount: Filling Fee \$\Bigsim \$30.00 \text{ Filling Fee & } \Bigsim \$\Bigsim \$55.00 \text{ Filling Fee & } \Bigsim \$\Bigsim \$\B | | | | | |
| | | 1010 AUDACE AVENUE | , , | | | |
| | | BOYNTON BEACH FL. | | | | |
| | BOYNTON BEACH FL. 33426 City/State and Zip Code JFERNANDEZ16624@GMAIL.COM | | | | | |
| | | | , | eation) | | |
| For further in | nformation co | oncerning this matter, please ca | all: | | | |
| JORGE A. F | ERNANDE | Z | 561 270-9252 | | | |
| | Name of | Person | Area Code Daytime | Telephone Number | | |
| Enclosed is a | 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 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 Clirton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| (Name of the Limited Liability Compa | ny as it now appears on our records.) | |
|-------------------------------------------------------------------------------------------------------------------------|---------------------------------------|------------------------------|
| (<u>Name of the Limited Liability Compa</u> (A Florida Limited I | Jability Company) | |
| The Articles of Organization for this Limited Liability Company | were filed on 08/07/2019 | and assigned |
| florida document number L19000201546 | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liab | ility company here: | |
| The new name must be distinguishable and contain the words "Limited Liabil | ity Company," the designation "LLC" o | or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| Principal office address MUST BE A STREET ADDRESS) | | رت آ رن |
| | | |
| | | |
| Enter new mailing address, if applicable: | | |
| • • • • • • • • • • • • • • • • • • • • | | در، در، |
| Mailing address MAY BE A POST OFFICE BOX) | | 3: 22 |
| | | |
| B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here | | enter the name of the |
| Name of New Registered Agent: | | |
| New Registered Office Address: | Para Platta and D | |
| | Enter Florida street address | |
| | , Flori | |
| | 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 added or removed from our records:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | Type of Action |
|--------------|------------------|-------------------------|----------------|
| MGR | LEYLAH FERNANDEZ | 1010 AUDACE AVENUE | |
| | | · | |
| | | APT #408 | |
| | | BOYNTON BEACH, FL 33426 | Remove |
| | | BOTNION BEACH, PL 33420 | Change |
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| an effective date is listed, the do | | e prior to date of filing or mor applicable statutory filing : | (optional) e than 90 days after filing.) Pursuan requirements, this date will not | |
| e record specifies a de The 90th day after th | | ut not an effective tir | ne, at 12:01 a.m. on the | earlier o |
| ated AUGUST 23RD | 2019 | . | | |
| | | • | | |

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00