

L 19000206088

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : SERVICIOS COMUNITARIOS LATINOS INC
Account Number : I200E0000080
Phone : (305)642-1090
Fax Number : (305)642-1010

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: info@lenigroup@gmail.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
LENI GROUP, LLC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

RECEIVED
19 AUG 29 PM 12:38
SECRETARY OF
TALLAHASSEE

FILED
19 AUG 28 PM 1:38
TALLAHASSEE, FLORIDA

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August 28, 2019

FLORIDA DEPARTMENT OF STATE
Division of Corporations

LENI GROUP, LLC.
7969 NW 2ND ST
320
MIAMI, FL 33126US

SUBJECT: LENI GROUP, LLC.
REF: L19000206088

We have received your electronically transmitted document. However, the document was submitted under the wrong electronic filing type and cannot be processed by this office.

To proceed, you must abandon this filing and resubmit your filing under the appropriate electronic filing type.

The fax audit sheet submitted is for a LP/LLLP, this company is an LLC.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly
Regulatory Specialist II

FAX Aud. #: H19000257814
Letter Number: 619A00017786

P.O BOX 6327 - Tallahassee, Florida 32314

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H190002599173
COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LEND GROUP LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

YELENI PEREZ ALVAREZ

Name of Person

Firm/Company

7969 NW 2ND ST

Address

MIAMI, FL 33126

City/State and Zip Code

INFOLENGROUP@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

YELENI PEREZ ALVAREZ 305 775-0498
Name of Person at (Area Code) Daytime Telephone Number

Enclosed is a check for the 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)

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

H190002599173

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF
H190002599173

FILED
19 AUG 28 PM 1:11
TALLAHASSEE, FLORIDA

LENI GROUP 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 08/13/2019 and assigned Florida document number 1-19000206088

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 "L.L.C."

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 registered agent and/or the new registered office address here:

Name of New Registered Agent: PEREZ ALVAREZ, YLENI

New Registered Office Address: 7969 NW 2ND ST #320

Enter Florida street address

MIAMI

City

Florida 33126

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.

[Handwritten Signature]

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:

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MGR = Manager

AMBR = Authorized Member

Title	Name	Address	Type of Action
MGR	PEREZ ALVAREZ, YELENI I	7969 NW 2ND ST #320	<input type="checkbox"/> Add
		MIAMI, FL. 33126	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	PEREZ ALVAREZ, YELENI	7969 NW 2ND ST #320	<input checked="" type="checkbox"/> Add
		MIAMI, FL. 33126	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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Lined area for amending information, currently blank.

19 AUG 28 PM 1:33
STATE OF FLORIDA
TALLAHASSEE

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated AUGUST 23 2019

[Handwritten Signature]

Signature of a member or authorized representative of a member

MANAGER

Typed or printed name of signer

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