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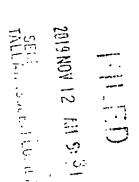
| (Requestor's Name) |
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| PICK-UP WAIT MAIL |
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| Certified Copies Certificates of Status |
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| Division of Corp | orations | | |
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| LENIS GRO | OUP LLC | | |
| SUBJECT: | · <u>-</u> | | |
| | Name of Lim | ited Liability Company | |
| | | | |
| The enclosed Articles of A | mendment and fee(s) are sub | mitted for filing. | |
| Please return all correspon | dence concerning this matter | to the following: | |
| | Francisco J. Fuenmayor | | |
| | | Name of Person | |
| | Lenis Group LLC | | |
| | | Firm/Company | · · · · · · · · · · · · · · · · · · · |
| | 16523 Bridgewalk Dr | | |
| | | Address | |
| | Lithia FL 33547 | | |
| | lenisgroupllc@gmail.com | City/State and Zip Code | |
| | E-mail address: (| to be used for future annual rep | ort notification) |
| For further information col | ncerning this matter, please ca | all: | |
| Francisco J. Fuenmayor | . | 305 297- | 1734 |
| | | at () | |
| Name of | Person | 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 enclose | Certificate of Status & Certified Copy (additional copy is enclosed) |

MAILING ADDRESS:

TO:

Registration Section

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 ORGANIZATION OF

| LENIS GROUP LLC | | | |
|---|--|-----------------------|------------------|
| (<u>Name of the Limited Liability (</u> (A Florida Li | Company as it now appears on our remitted Liability Company) | cords.) | _ |
| The Articles of Organization for this Limited Liability Com Florida document number | | | _ and assigned |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the limited | d liability company here: | | |
| The new name must be distinguishable and contain the words "Limited | Liability Company," the designation " | LLC or the abbro | viation "L.L.C." |
| Enter new principal offices address, if applicable: | | | <u> </u> |
| (Principal office address MUST BE A STREET ADDRES | <u> </u> | | |
| | | | ~ |
| Enter new mailing address, if applicable: | | SEC. | |
| (Mailing address MAY BE A POST OFFICE BOX) | | | |
| | <u></u> . | <u> </u> | = 7.1 |
| R If amending the registered agent and/or registered | . d . 66° | | ي ک |
| B. If amending the registered agent and/or registered registered agent and/or the new registered office address | s here: | ords, <u>enter th</u> | name of the ne |
| Name of New Registered Agent: | | | |
| New Registered Office Address: | | | |
| | Enter Florida street add | dress | |
| | City | Florida | |
| | CHY | | Zin 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

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | Type of Action |
|--------------|------------------------|---------------------|----------------|
| MGR | Francisco J. Fuenmayor | | |
| | | | Add |
| | | | |
| | | | Remove |
| | | 16523 Bridgewalk Dr | |
| | | Lithia, FL 33547 | E Change |
| AMBR | Yarlenis S. Rodriguez | | |
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| | | | |
| | | | Remove |
| | | 16523 Bridgewalk Dr | |
| | | Lithia, FL 33547 | Change |
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| 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 605.02 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records. |
| f the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier b) The 90th day after the record is filed. |
| Dated Nov. 07 . 2019 |
| |
| Signature of a member or authorized representative of a member |
| |
| Francisco J. Fuenmayor |
| Typed or printed name of signee |

Page 3 of 3

Filing Fee: \$25.00