## L200000 11355

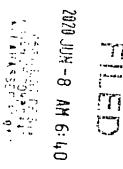
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## **COVER LETTER**

TO: Registration So Division of Co			
LEBCARI SUBJECT:	NATHALA LLC		
SUBJECT:	Name of Lin	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	RITA CASTILLO		
		Name of Person	<del></del>
		Firm/Company	<del></del>
	2712 SW 25TH ST		
		Address	<del> </del>
	MIAMI, FL 33133		
		City/State and Zip Code	
	rita.castillo@lebearinathala	.com to be used for future annual report n	
For further information of	concerning this matter, please c		ouncation)
Rita Castillo		786 970-2871	
Name o	of Person		inic Telephone Number
Enclosed is a check for t	he 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 Addres		Street Address:	· nation
Division of C		Registration S Division of Co	
P.O. Box 632		The Centre of	•

Tallahassee, FL 32314

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LEBUAKI NATHALA LIC			~
(Name of the Limit	ed Liability Compa (A Florida Limited	any as it now appears on ou Liability Company)	ir records.)
The Articles of Organization for this Limited L. Florida document number L20000011355  This amendment is submitted to amend the following the content of the	iability Company	were filed on <u>01/06/202</u>	
A. If amending name, enter the new name o	i the named nap	mity company nere:	
The new name must be distinguishable and contain the v	ords "Limited Liabi	lity Company," the designati	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	able:	2712 SW 25TH ST	
(Principal office address MUST BE A STREE		MIAMI, FL 33133	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		2712 SW 25TH ST MIAMI, FL 33133	
B. If amending the registered agent and/or ragent and/or the new registered office address	ss here:		s, enter the name of the new registered
Name of New Registered Agent:	RITA CASTIL	1.0	
New Registered Office Address:	2712 SW 25TH		
		Enter Florida stre	
	MIAMI		Florida 33133
		City	Zip Code

## lew Registered Agent's Signature, if changing Registered Agent:

1 1213734 137 8147211 4 1 4 1 7 7

hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and cept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is ing filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability mpany has been notified in writing of this change.

m 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>	Address	Type of Action
AMBR	RITA CASTILLO	2712 SW 25TH ST	□Add
		MIAMI FL 33133	_
			□ Add
			□Remove
			Change
			□Add
			□Remove
			□Change
			□Add
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ffective date, if other than the	ust be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,020
<u>lote:</u> If the date inscried in this l	block does not meet the applicable statutory filing requirements, this date will not be listed as
ocument's effective date on the	Department of State's records.
record specifies a delayed effect Lis filed.	ive date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
JUNE 2	2020
(1)	<del></del>
AN CO	
	Signature of a member or authorized representative of a member
RETA CASTILLO	
	Typed or printed name of signee