1/19/2021

From: Kimberly Laughrey

Division of Corporations

## Florida Department of State Division of Corporations Electroria Fifth Cover Street

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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<i>-</i>	Doing so will generate another cover sheet.	=	<u>ر</u> ا
	To:		_
	Division of Corporations	-	•
	Fax Number : (850)617-6383	285 1	
	From:	ini.	
	Account Name : C T CORPORATION SYSTEM		
9	Account Number : FCA000000023	ייייי ו ריז	
	Phone : (614)280-3338		
	. Fax Number : (954)208-0845		
PH			
61	**Enter the email address for this business entity to be used for fur annual report mailings. Enter only one email address please.**	ture	
<b>₩</b> !/	Email Address:		

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN LEON DROPHEAD, LLC

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Electronic Filing Menu

Corporate Filing Menu

Help

## From: Kimberly Laughrey

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LEON DROPHEAD, LLC		_
(Name of the Limited)	liability Company as it now appears on our records fords Limited Liability Company)	J
The Articles of Organization for this Limited Liabil	lity Company were filed on 04/02/2020	and assigned
Florida document number (20000095023		
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	e limited liability company here:	
Leon Dawn, LLC		
The new name must be distinguishable and contain the words	s "Limited Liability Company," the designation "FLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	e:	
(Principal office address MUST BE A STREET A	(DDRESS)	
		002
Enter new mailing address, if applicable:	<b></b>	T to
(Mailing address MAY BE A POST OFFICE BO.	<u>X)</u>	5 9 J
		ي بو
B. If amending the registered agent and/or registered office address h	stered office address on our records, <u>enter t</u> iere:	He name of the Beat Leavestere
	<del></del>	
Name of New Registered Agent:		
New Registered Office Address:		
igan igagingi nijimtadi nimang na inigi nyawanany sebahanidhandhankenyakenyi.	Enter Florida street address	
_		rida
	City'	Zip Çode
New Registered Agent's Signature, if changing Regi	istored 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.

To: 18506176383 Page: 4 of 5 2021-01-19 11:18:04 CST 12122023573 From: Kimberly Laughrey

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

Title	Name	Address	Type of Action
**************************************			LibAci Circle
			CRemove
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Page: 5 of 5

II an	rending any other information, enter change(s) here: (Attach wilditional sheets, if necessary.)
Note	tive date, if other than the date of filing:  [fective 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;  [If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ment's effective date on the Department of State's records.
	and 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 filed.
Date	January 6 . 2021 .
	Signature of a member or authorized representative of a member
	Benjamin Leon, 3r.  Typed or printed name of signee