L20000191902

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER

TO: Registration Se Division of Cor			
Leda Soluti	ions LLC	·	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Daniel Almenara		
		Name of Person	
	Leda Solutions LLC		
		Firm/Company	
	6433 SW 34th Street		
		Address	
	Miami, FL 33155		
		City/State and Zip Code	20 S
	daniel.almenara@thedrivew		0221
		to be used for future annual report notification)	京
For further information c	oncerning this matter, please ca	ali:	
Daniel Almenara		847 867-5234 at ()	
Name o	f Person	Area Code Daytime Telephone Number	2022 NOV 17 8H 9: 48 SECRE / 2015 1 8: 48
Enclosed is a check for the	ne following amount:		1.1
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	■ \$55.00 Filing Fee & □ \$60.00 Filin Certified Copy (additional copy is enclosed) □ Certified Co (additional copy	of Status &
Mailing Addres Registration S Division of C	Section	Street Address: Registration Section Division of Corporations	

P.O. Box 6327

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Leda Solutions 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 July 06, 2020 and assigned Florida document number ______L20000191902 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 "LLC." 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 new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address . Florida City

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
AMBR	Lesley Soto	6433 SW 34th Street, Miami, FL 33155	□ Add
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ffective date, if other than the date of filing:	• •
an effective date is listed, the date must be specific and cannot be pri	ior to date of filing or more than 90 days after filing.) Pursuant to 605.0 licable statutory filing requirements, this date will not be listed
record specifies a delayed effective date, but not an effective is filed.	e time, at 12:01 a.m. on the earlier of: (b) The 90th day after t
November 11 2022	
ated November 11	 6
	, -
Signature of a member or au	athorized representative of a member

Filing Fee: \$25.00