

L20 000367394

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

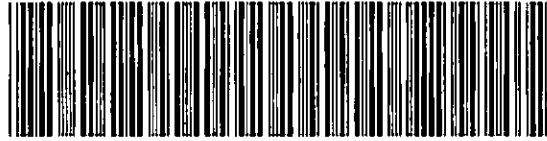
(Business Entity Name)

(Document Number)

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FILED
28 DEC 28 PM 6:39

FEB 10 2021
S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Lealle, 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:

Michelle Goni
Name of Person

Firm/Company

5812 SW 34 St
Address

Miami FL 33155
City/State and Zip Code

rei.fire2021@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michelle Goni at (305) 4312969
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 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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Lealle, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

2021 DEC 28 PM 6:39

FILED

The Articles of Organization for this Limited Liability Company were filed on 11/19/2020 and assigned
Florida document number L20000367394

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

Name of New Registered Agent: _____

Leandro L. Otero

New Registered Office Address: _____

5812 SW 34 St

Enter Florida street address

ADD →

Miami

City

Florida

33155

Zip Code

Now 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

ADD

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>	<u>Type of Action</u>
<u>MGR</u>	<u>Leandro L. Otero</u>	<u>5812 SW 34 St</u>	<input checked="" type="checkbox"/> Add
	<u><u>ADD</u></u>	<u>Miami FL 33155</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>(MGR</u>	<u>Michelle Goni</u>	<u>n</u>	<input type="checkbox"/> Add
	<u><u>keep</u></u>	<u>n</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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

Just add Leandro L. Otero as MGR
and registered agent (if possible). If
only one registered agent, keep
Michelle Goni. But, add Leandro as
MGR. This is for public entity search
AND articles/documents.

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.

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 December 17, 2020.

Michelle Goni
Signature of a member or authorized representative of a member

Michelle Goni
Typed or printed name of signee