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Office Use Only

## **COVER LETTER**

TO: Registration Se Division of Cor				•	
SUBJECT:	lean Capital,	LLC			
SUBJECT:		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:			
	Noelle Ro	andall Name of Person			
	Elleon	Capital UC			
	400 N. Tracke	' ' '	mmee, FZ.	3474	4
	Kissimme	e. FL. 34741			
	VOELE (C.) E-mail address: (1)	Eity/State and Zip Code  Noelle Randall - U to be used for future annual report notif	2000 lication)	2022 NOV SECRETA TALLA	सम्ब
For further information co	oncerning this matter, please ca	nll:		-1-3	ennum genta
Noelle P	andall	at (401) 280 -	9 <b>8</b> 98	3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	
Name o	f Person	Area Code Daytimo	e Telephone Number	1 2: 02 \$ [A] E E : F]L	
Enclosed is a check for th	ne following amount:				
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &	
<u>Mailing Addres</u> Registration S		<u>Street Address:</u> Registration Sec	ction		

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

(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 12 28 2020 and assigned Florida document number L 21000005140 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 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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
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Signature of a member or auti	nex		<del></del>			