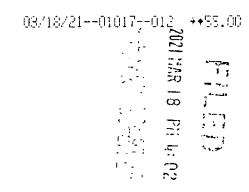


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COVER LETTER

	Division of Corporations	
SUBJE	T: LEAP DMP LLC	
	Name of Limited Liability Company	•
The end	osed Articles of Amendment and fee(s) are submitted for filing.	
Please :	turn all correspondence concerning this matter to the following:	
	DIPM M. Penez Name of Person	_
	LEAP - Pro Fessional Coachy Firm/Company 555 NE 34+45+ Apt 1408 Address HIDNI, EL 33137 City/State and Zip Code DIANAM Penez 1 @ Hottmail, E-mail address: (to be used for future annual report notification)	Solutions LLC
	555 NE 34+4-St. Apt. 1408	- 8 T
	MIDNI, DC 33137 City/State and Zip Code	
	DIANAM PENEZ 1 @ HIHMUL, E-mail address: (to be used for future annual report notification)	am
For furt	er information concerning this matter, please call:	
	Dix PULZ at 305 US 96.80 Name of Person Area Code Daytime Telephone Numb	er
	(additional copy is enclosed) Certifie	Filing Fee, cate of Status & cd Copy al copy is enclosed)
	Mailing Address: Street Address: Registration Section Registration Section	

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

LEAP_ DMP LLC	/		
(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on ou d Liability Company)	ır records.)	
The Articles of Organization for this Limited Liability Compar Florida document number	ny were filed on <u>Fe 1</u> 3	B. 10, 2021	_ and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited list LEAP - PROFESSIONAL (2006) The new name must be distinguishable and contain the words "Limited Lie	ability company here: ACHING SOLO ability Company, the designat	Atims LL	eviation "L.L.C."
Enter new principal offices address, if applicable:			<u> </u>
(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 here:	ce address on our record	s, enter the name	of the new registered
Name of New Registered Agent: New Registered Office Address:	Enter Florida str	reet address	
		, Florida	Zip Code
	City		Zip Code

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>	Name	Address	Type of Action
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			□Remove
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	_ (optional) ays after filing.) Pur ents, this date will	(optional) ays after filing.) Pursuant to ents, this date will not be errof: (b) The 90th day a

Typed or printed name of signee