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COVER LETTER

Division of Corpo	orations		
SUBJECT: LEAS	SZ GUCCess Name of Limited	Hindset LLC Liability Company	
The enclosed Articles of A	mendment and fee(s) are submi	tted for filing.	
Please return all correspond	dence concerning this matter to	the following:	
	Emmanuel	Damier Name of Person	
	2104 Reu	Firm/Company Orcle Suff	2 105 F
	Ocoee Fl Lensz minds E-mail address: (10 to	City/State and Zip Code et e g may 1. com e used for future annual report notificat	
For further information con	ncerning this matter, please call:		
Emmanue Name of F	1 Damier	at (<u>407)88_3 -</u> Area CodeDaytime To	- 1540 Elephone 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 Addm.		Stront Address	

Mailing Address: Registration Section

TO:

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

LENSZ Su	CCess	Mindse	et LLC		
(Name of the Limited (A	Liability Compa Florida Limited I	ny as it now appears Liability Company)	on our records.)		
The Articles of Organization for this Limited Liab Florida document number <u>L 210000 16</u>	oility Company	were filed on	2/15/2021	and assig	gned
This amendment is submitted to amend the follow	ring:				
A. If amending name, enter the new name of the length of the length of the new name must be distinguishable and contain the work	Coach	hina 11	- P	abbreviation "L.L.	.c."
Enter new principal offices address, if applicab					
(Principal office address MUST BE A STREET	<u>ADDRESS)</u>				
Enter new mailing address, if applicable: (<u>Mailing address MAY BE A POST OFFICE BO</u>	<u>0.N)</u>			2012 JUL 1 1 AH	WAT THE TOTAL TH
B. If amending the registered agent and/or reg agent and/or the new registered office address		address on our rec	cords, <u>enter the nar</u>	ne of the new	<u>registered</u>
Name of New Registered Agent:					
New Registered Office Address:		Enter Floria	la street address		
			, Florida		
		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 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

Title	<u>Name</u>	<u>Address</u>	Type of Action
			□Add
			□Remove
			☐ Change
			□Add
			□Remove
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fective date, if other than the date of filing: (optional)		27	
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 605.02 of the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed symmetric effective date on the Department of State's records.		(optional) ys after filing.) Pursuant to 605.02	
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Filing Fee: \$25.00