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COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT:	A.LEE &	CO LLC		
SUBJECT:	Name of Lin	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	ŀ	Kiarra A. Banks		
		Name of Person		
	A	ALEE & CO LLC		
		Firm/Company		
	1000 Turtl	e Creek Dr S		
		Address		
	Jacksonv	ille, FL 32218		202
		City/State and Zip Code		275
		kired811@gmail.com		70
	E-mail address: (to be used for future annual report noti	fication)	_
For further information c	oncerning this matter, please c	all:		
Kiarra A. E	Banks	404 641-9588 at ()		2022 HAR -1 514 10: 44
Name o	f Person	Area Code Daytim	e Telephone Number	
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 &
Mailing Addres Registration S	Section	Street Address: Registration Sec		
Division of C P.O. Box 632		Division of Cor The Centre of T	•	
Tallahassee, I			e Street, Suite 81	0

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

A LEE & CO LLC

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

(A Pionda Lini	ned Liamity Company)	
The Articles of Organization for this Limited Liability Comp Florida document number	pany were filed on05/21/202	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
A. Lee Enterprises, LLC		
The new name must be distinguishable and contain the words "Limited I	liability Company," the designation "	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	7643 Gate Parkway Suite 1	04-662 Jacksonville, FL 32256
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	7643 Gate Parkway Suite 1	04-662 Jacksonville. Fl. 32256
B. If amending the registered agent and/or registered office and/or the new registered office address here:	ice address on our records, <u>en</u>	ter the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street ad	dress
-		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 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>	Address	Type of Action
			□Add
			🗀 Remove
			□ Change
			□Add
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ffective	e date, if other than the date of filing:(optional)
ote: If	tive 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 605.020 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a at a effective date on the Department of State's records.
	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
l is filed	
l is filed	February 25. 2022.

Typed or printed name of signee