Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : DES-MATT, INC Account Number : 120180000078 Phone : (352) 223-3911 Fax Number : (863)318-8218

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address: USMe. Shanks Egmai

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN LEBLON 21, LLC

Certificate of Status	0
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Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LEBLON 21, LLC			3
(Name of the Lim	ited Liability Comp (A Florida Limited	pany as it now appears on Liability Company)	our records.)
The Articles of Organization for this Limited I Florida document number <u>L21000249371</u>	Liability Compan	y were filed on <u>05/27/2</u>	
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name	of the limited lia	bility company here:	
N/A			
The new name must be distinguishable and contain the	words "Limited Liab	oility Company," the design	action "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		N/A	
Principal office address MUST BE A STRE.	ET ADDRESS)		
inter new mailing address, if applicable:		N/A	
Mailing address MAY BE A POST OFFICE	<u>BOX</u>)		
3. If amending the registered agent and/or agent and/or the new registered office addresses	registered office	address on our recor	ds, enter the name of the new regis
Name of New Registered Agent:	Loonardo, Da Cunha Rego		
New Registered Office Address:	3009 Marta Ci	role Unit 202	
		Enter Florida si	reel address
	Kissimmee		, Florida 34741
		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.

Laonardo Da Cunha
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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	REGO ROJAS, LEONARDO DA (3009 Marta Circle Unit 202	
		Kissimmee, FL 34741	
AMBR	Leonardo, Da Cunha Rego	3009 Marta Circle Unit 202	ઝ Add
		Kissimmee, FL 34741	□Remove
			□Change
			□Remove
			□Remove
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Effective date, if other than the (If on effective date is listed, the date mu Note: If the date inserted in this b document's effective date on the E	n be specific and cannot be pri- ock does not meet the appi	icable statutory tiling	(options) ore than 90 days after fili grequirements, this day	ng.) Pursuant to 605.0207 (
he record specifies a delayed effective ord is filed.	e date, but not an effective	time, at 12:01 a.m. o	n the earlier of: (b)	The 90th day after the
Dated October 07	, 2021	·		
	Paola P	ena		
	Signature of a member or au	thorized representative	of a member	

Filing Fee: \$25.00