## L21000320572

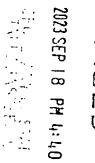
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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## **COVER LETTER**

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

SUBJECT: LEN INTE	RNATIONAL, LLC.		
		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	indence concerning this matter	to the following:	
	Darrell B. Lampkin		
		Name of Person	
	LEN International, LLC.		
		Firm/Company	<del></del>
	4401 Azure Isle Way		
		Address	
	Kissimmee, FL 34744		
		City/State and Zip Code	
	Ted@LenInternational.com	to be used for future annual report noti	Figstion)
For further information c	oncerning this matter, please c	•	ileanon)
Tejroi Naipaul		at (646 ) 2447952	
Name o	f Person		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)	Sectificate of Status & Certificate Copy (additional copy is enclosed)
Mailing Addres		Street Address:	-ti
Registration Section Division of Corporations		Registration Sec Division of Cor	
P.O. Box 6327		The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LEN INTERNATIONAL, LLC.		
(Name of the Limited Liability Company as it nov (A Florida Limited Liability Co.	w appears on our records.) mpany)	
The Articles of Organization for this Limited Liability Company were filed	d on 07/13/2021	_ and assigned
Florida document number L21000320572		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability comp	pany here:	
The new name must be distinguishable and contain the words "Limited Liability Compan	y," the designation "LLC" or the abbrev	viation "L.L.C."
Enter new principal offices address, if applicable:	<del></del>	<u>-</u>
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>	20
	<del></del>	23 5
	—: · , - ·	TI
Enter new mailing address, if applicable:	ا الله الله الله الله الله الله الله ال	<u>_</u>
Mailing address MAY BE A POST OFFICE BOX)		P
Maning dualess MAT DE ATOST OFFICE BOX/		<del>-</del>
<del></del>	11-1	<del></del>
B. If amending the registered agent and/or registered office address of agent and/or the new registered office address here:	n our records, <u>enter the name o</u>	f the new regist
Name of New Registered Agent:		
New Registered Office Address:		
E	Inter Florida 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Darrell B. Lampkin	4401 Azure Isle Way, Kissimmee FL 34744	🗏 Add
			□Remove
			□Change
		<del></del>	□Add
			□Remove
			□Change
			□Add
			□Remove
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Effecti	ve date, if other than the date of filing: (optional)
(If an effe Note:	ctive 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 605.0207 of the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ent's effective date on the Department of State's records.
he record ord is file	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 ed.
Dated _	Signature of a member or authorized representative of a member
	Terror Nama
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00