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## **COVER LETTER**

TO: Registration of Division of	on Section   Corporations		•	•		
SHR IFCT:	LEAM ENTE	enpréses	LLC.			
	Na	me of Limited Lish	ility Company			
The enclosed Articl	es of Amendment and fee(:	s) are submitted f	or filing.			
	respondence concerning th					
		JESÚ	S Lepor			
		N	lame of Person			
		, LEAM	ENTOLPHISES	UC-		
	949	1 611be	Address			
	<u> </u>	a RATON City	—FI - 3347	18		
	E-mai	LPORTTL (  Laddress: (to be use	CMAIL COM	ilication)		
For further informa	tion concerning this matter	r, please call:				
	ame of Person		at (954) 605 C	+603 ne Telephone Number		
Enclosed is a check	for the following amount:					
\$25.00 Filing I	Fee S30,00 Filing Certificate of	f Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing A			Street Address:	oction		
Registration Section Division of Corporations			Registration Section Division of Corporations			
P.O. Box 6327			The Centre of Tallahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

P.O. Box 6327

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our re Liability Company)	cords.)
The Articles of Organization for this Limited Liability Company Florida document number	y were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab $N/A$		
The new name must be distinguishable and contain the words "Limited Liab	f	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	N/A	
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NA	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, en	iter the name of the new register
	Nh	
Name of New Registered Agent:	J }   <sup>4</sup>	
New Registered Office Address:	Enter Florida street aa	ldress
		Florida
	City	, FloridaZip 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
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