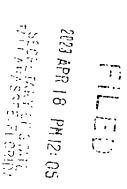
L21000432790

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
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(Document Number)
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A. RIVERS
JUN - 3 2023

COVER LETTER

TO:

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations SIMPLI INVESTMENT OPPORTUNITY LLC SUBJECT: __ Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Gabriel Sinopoli Name of Person SIMPLI INVESTMENT OPPORTUNITY LLC Firm/Company 328 NW 29th Street Address Miami, Florida, United States, 33127 City/State and Zip Code alejandrae@keoworld.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Alejandra Escruceria Yunda Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ■ \$60.00 Filing Fee, ☐ \$25.00 Filing Fee Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed) Mailing Address: Street Address: Registration Section Registration Section Division of Corporations **Division of Corporations**

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SIMPLI INVESTMENT OPPORTUNITY LLC

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

The Articles of Organization for this Limited Liability C.	ompany were filed on 10/04/2021	a	ınd assi	oned
florida document number L21000432790	ompany were med on	"	114 (1 75)	5
	<u>_</u> .			
his amendment is submitted to amend the following:				
. If amending name, enter the new name of the limi	ted liability company here:			
Leo World Holdings LLC				
ne new name must be distinguishable and contain the words "Limi	ited Liability Company," the designation "LLC" or t	he abbrevia	tion "L.I.	C."
nter new principal offices address, if applicable:				
Principal office address MUST BE A STREET ADDR	(ESS)			
nter new mailing address, if applicable:				
Mailing address MAY BE A POST OFFICE BOX)				
 If amending the registered agent and/or registered gent and/or the new registered office address here: 	d office address on our records, <u>enter the l</u>	name of t	6203	register
Name of New Registered Agent:		7.	20	
Name of New Registered Agent:		S22	APR 18	<u> </u>
Name of New Registered Agent: New Registered Office Address:	Enter Florida street address	# 1888 C	8	
	Enter Florida street address	70	18 P#1	1
		707 S 107 S	18 P#12:	
	, Florida	70	18 P#12:	

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
			🗆 Add
			□Remove
			□Change
			□Add
		□R	□Remove
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ffective date, if other than the an effective date is listed, the date mustote: If the date inserted in this blocument's effective date on the D	ock does not meet the applic	cable statutory filing req	(optional) an 90 days after filing.) Pursuant uirements, this date will not l	ιο 605.0207 be listed as
record specifies a delayed effectiv l is filed.	e date, but not an effective t	time, at 12:01 a.m. on the	e earlier of: (b) The 90th da	y after the
April 12	2023			
ated 11911 12	_			
ated	***************************************			
Dated April 12	Signature of a member or auth		nember	

Filing Fee: \$25.00