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FILED

2022 HAR 31 AM II: 11

SECRETARY OF STATE
TALLAHASSEE, FL

O SIMMONS APR 1 6 2022

## **COVER LETTER**

TO:

TO: Registration S Division of Co			
Leon Hom	e Innovations LLC	•	
SUBJECT:	Name of Lim	ited Liability Company	_
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondence	ondence concerning this matter	to the following:	
	Isnay Leon Beyra		
		Name of Person	
	Leon Home Innovations L	LC	
		Firm/Company	_
	405 W. Ball St. #15		
		Address	_
	Plant City, FL 33563		
		City/State and Zip Code	_
	leoninnovationsllc@gmail.c E-mail address: (	to be used for future annual report notification)	_
For further information of	concerning this matter, please c		
Isnay Leon Beyra		813 820-9384	
Name (	of Person	at () Area Code Daytime Telephone Num	ber
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	☑ \$30.00 Filing Fee & Certificate of Status	Certified Copy Certifi (additional copy is enclosed) Certifi	Filing Fee, icate of Status & led Copy mal copy is enclosed)
Mailing Addre Registration Division of O P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite Tallahassee, FL 32303	e 810

## ARTICLES OF AMENDMENT TO FILED ARTICLES OF ORGANIZATION OF 2022 MAR 31 ARTI: 11

Leon Home Innovations LLC

SECRETARY OF STATE

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

(A Florida Limited Liability Company)

<del>-</del>	iability Company were filed on 10/07/2021	and assigned
Florida document number L21000439493	·	
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name of	of the limited liability company here:	
The new name must be distinguishable and contain the	words "Limited Liability Company," the designation "LLC"	or the abbreviation "L.1.,C."
Enter new principal offices address, if appli	cable:	
(Principal office address MUST BE A STRE	ET ADDRESS)	<u> </u>
	<del> </del>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	<u> </u>	
B. If amending the registered agent and/or agent and/or the new registered office address.	registered office address on our records, <u>enter t</u> ess here:	he name of the new registered
Name of New Registered Agent:	Isnay Leon Beyra	
New Registered Office Address:		
	Enter Florida street address	
	, Flo	rida Zip Code
	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
MGR Anna M Ortega	Anna M Ortega	405 W Ball St. Apt.15	□Add
		Plant City, FL 33563	≣Remove
			□Change
MGR Isnay Leon Beyra	lsnay Leon Beyra	405 W Ball St. #15	<b>=</b> Add
		Plant City, FL 33563	□Remove
			□Change
			□Add
			□Remove
			□Remove
		<del></del>	☐ Change
			□Add
			□Remove
		<del></del>	□ Change
			□Remove
•			□Change

Ti dilicii,	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an effect <u>Note:</u> If	e date, if other than the date of filing:
the record s cord is filed	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
Dated	March 21 2022.
	Signature of a member or authorized representative of a member
	Anna M Ortega
	Typed or printed name of signee