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T. MATTHEWS
DEC -7 2021

COVER LETTER

Registration Section Division of Corporations

Mailing Address:
Registration Section
Division of Corporations

P.O. Box 6327

TO:

SUBJECT:	Leon	MACKETIN Name of Limit	16 Aben Company	Cy. LI	
		nt and fee(s) are subn	·		
		Daniel	Salazar Name of Person		
	<u>L</u>	eon Man	Firm/Company	ency	
	<u> 25</u>	N Belch	Address	1<199	
	<u>cla</u>		FL, 33' City/State and Zip Code		
For further inform	ation concerning (E-mail address: (to	be used for future annual rep	port notification)	*~ /
Daniel	Salaz Name of Person	o <u>c</u>	at (<u>773</u>) Area Code	540-0 Daytime Telephor	315 ne Number
Enclosed is a chec	k for the followin	g amount:			
✓ \$25.00 Filing	Fee □ \$30.0 Cer	00 Filing Fee & tificate of Status	S55.00 Filing Fee & Certified Copy radditional copy is enclos		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Street Address:
Registration Section
Division of Corporations

The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

21 RC 7-22 PM 3: 27

LEON MARKET	tinb Abency LLC
(<u>Name of the Limited Liability</u> (A Florida I	Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability Co. Florida document number	ompany were filed on
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limite	ed liability company here:
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRE	ESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
agent and/or the new registered office address here:	office address on our records, <u>enter the name of the new registere</u>
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
New Registered Agent's Signature, if changing Registered 3	· · · · · · · · · · · · · · · · · · ·

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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person, being added or removed from our records:

MGR = A AMBR = A	danager Authorized Member	ou p. 27	
<u>Title</u>	<u>Name</u>	Address 21 HSV 22 FH 3: 27	Type of Action
<u> </u>	Daniel Salazar	25 N Belcher RD, K199	□Add
		clearwater, FL, 33765	(DKemove Change
MGR	Daniel Salazar	as N Belcher RD, 1K199	L © Add
		clearwater, FL, 33765	□Remove
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Effective date, if oth If an effective date is liste Note: If the date inse document's effective o	неа игтіѕ вюск а	loes not meet the ap	plicable statutory	or more than 90 days filing requirements.	p tional) after filing.) Pursuan this date will not	t to 605.0207 () be listed as th
e record specifies a del rd is filed.	layed effective date	e, but not an effectiv	ve time, at 12:01 a	.m. on the earlier of	f: (b) The 90th d:	ıy after the
Dated <u>La</u> M_	<u></u>	202				
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