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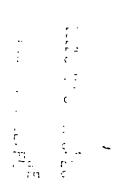
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A. BUTLER JAN 28 2022

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: LEAL & VEON INVERSIONES LLC  Name of Limited Liability Company
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:
BELEV LEPL VEON Name of Person
LEAL & LEON INVERSIONES I.L.C.
Firm/Company
323 S 21ST AVENUE STEC
HOLYWOOD FROCIDA 33000 City/State and Zip Code
City/State and Zip Code
E-mail address: (to be fised for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (954) 505 - 3019  Area Code Daytime Telephone Number
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
Second Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee,  Certificate of Status □ Certified Copy □
Mailing Address: Street Address:
Registration Section Registration Section
Division of Corporations  Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	LEAL	9 150	V INVER	SONES	ilC.
	(Name of the Li	mited Liability Con (A Florida Limit	npany as it now appeared Liability Company)	s on our records.)	
The Articles of Organization	for this Limitor	U jahility Compa	ny wara tilad an	·-· .	TE
Florida document number					and assigned
florida document number	4 2000	000023.7	7		
This amendment is submitted	l to amend the f	following:			
A. If amending name, enter	r the new name	e of the limited li	ability company he	ere:	
The new name must be distinguish:	able and contain th	ne words "Limited Li	ability Company," the d	esignation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices	address, if app	olicable:	<u></u>		
Principal office address MU	JST BE A STR.	EET ADDRESS)			
		<del></del>			
			<del></del>		
Enter new mailing address,	if applicable:				
Mailing address MAY BE A	 L <i>POST OFFIC</i>	TE ROX)			<u></u>
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
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	ed agent and/o	r revistered offic	e address on our ro	ecords, enter the	name of the new regis
B. If amending the register	cu agent andro				
3. If amending the register igent and/or the new register	ered office add	ress here:	e address on that I		name of the new regis
B. If amending the register- agent and/or the new register	ered office add	ress here:		,	name of the new regis
B. If amending the register agent and/or the new register and/or the new register and and and and are agent and and are agent and agent agent and are agent agent and are agent agent and are agent and agent	ered office add	ress here:			name of the new regis
Name of New Regist	ered office add	ress here:			name of the new regis
agent and/or the new registe	ered office add	ress here:		ida street address	name of the new regis
	ered office add	ress here:		ida street address	aZiv Code

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 = AMBR =	Manager Authorized Men	nber			
<u>Title</u>	<u>Name</u>		Address		Type of Action
MER	JAVIEC A	SENORET LUHLE	323 5 21	ST NE STE	∠ □Add
			Hrigwood	horian 330	Z⊃ <b>X</b> Remove
					□Change
M6R	CESAR	CASTILLERO CINLON	323 5	2151 PVE CT.	EC□Add
			Houywood	horion 3300	<b>⊠ ⊠</b> Remove
					□Change
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					□Remove
					□Change
					□Add
					□Remove

\_\_\_\_\_ □Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
(II an el	tive date, if other than the date of filing:
he reco ord is f	rd 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 iled.
Dated	JANUARY 14TH . 2027.
	Signature of principler or authorized representative of a member
	BELEN LEAR LEON
	Typed or printed name of signee

Filing Fee: \$25.00