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SECRETARY OF STATE

A. BUTLER APR 0 6 2022

COVER LETTER

TO:

	stration Sec sion of Corp			•
	LEILA TOF		•	
SUBJECT:			ited Liability Company	
The enclosed	Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		LEILA TORRES		
			Name of Person	
		LEILA TORRES LLC		Daytime Telephone Number S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
			Firm/Company	
		7196 ENCHANTED LAK	E DR	
			Address	
		WINTER GARDEN, FL 3	4787	
			City/State and Zip Code	
		soldbyleila9@gmail.com		
		E-mail address: (to be used for future annual report not	ification)
For further in	formation co	oncerning this matter, please ca	all:	
LEILA TORI	RES		414 559-6472 at ()	
	Name of	Person		ne Telephone Number
Enclosed is a	check for th	e following amount:		
■ \$25.00 F	iling Fee	□ \$30,00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy
	ling Addres		Street Address:	
_	istration S ision of C	section orporations	•	
	. Box 632	-	The Centre of	•
Tall	lahassee, I	FL 32314	2415 N. Monro	be Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

LEILA TORRES LLC

(Name of the Limited Liability Company as it now appears on the Africa (A Florida Limited Liability Company)

Africa (Name of the Limited Liability Company)

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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	LEILA TORRES	7196 ENCHANTED LAKE DR	≣ Add
		WINTER GARDEN, FL 34787	□Remove
			□Change
		<u></u>	
		.	□Remove
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effective da te: If the d	ate is listed, the dat late inserted in the Tective date on t	e must be specit nis block does	fic and cannot not meet the	be prior to e applicabl	date of filing o	or more than '	00 days after t	iling.) Pursuan	
cord specif s filed.	fies a delayed eff	ective date, bu	at not an effi	ective time	r, at 12:01 a.	m. on the ea	arlier of: (b)	The 90th d	ay after the
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