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2024 NOV -5 AM 9: 25 SEGNA MARGERE, FL

COVER LETTER

TO:	Registration Se Division of Cor			
C1:D 107	L&E RECI			
SUBJEC	JI:	Name of Lim	ited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all correspo	ondence concerning this matter	to the following:	
		GERARDA RECI		
			Name of Person	
		L&E RECI LLC		
			Firm/Company	
		19502 WEATHERVANE	WAY	
			Address	
		LOXATCHEE, FL 33470		
			City/State and Zip Code	
		ALDARECI7@GMAIL.CO		
		E-mail address: (to be used for future annual report n	otification)
For furth	ner information c	oncerning this matter, please co	all:	
GERAR	DA RECI		646 620-4443	
-	Name o	f Person	Arca Code Days	time Telephone Number
Enclosed	is a check for the	he following amount:		
\$25 .	.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addres Registration		<u>Street Address:</u> Registration 9	
	Division of C		Division of C	
	P.O. Box 632	2.7	The Centre o	f Tallahassee
	Tallahassee.	FL 32314	2415 N. Mon	roe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

L&E RECI LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our reco Jability Company)	rds.)
The Articles of Organization for this Limited Liability Company	were filed on 01/27/2022	and assigned
Florida document number L22000049528		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LI	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>ente</u>	er the name of the new register
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addr	raes
		Florida Zip Code
	·····,	277 0

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	ESMERALDA XHANI	124 CYPRESS POINT DRIVE	= Add
		PALM BEACH GARDEN, FL 33418	□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
<u>.</u>			□Add
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			□Change
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			Change
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			□Remove
			□Change

is filed.					· · · · · · · · · · · · · · · · · · ·
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Filing Fee: \$25.00