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-	LEAN HOLLYWOOD (CORPORATE NAME AND DOC			
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COVER LETTER

TO: Registration Section Division of Corporations

LEAN HOLLYWOOD 2342 LLC

SUBJECT:

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:

ANA CERVETTA-LAPHAM

Name of Person

CERVETTA-LAPHAM & ASSOCIATES

Firm/Company

6401 SW 87 AVE, SUITE 103

Address

MIAMI, FL 33173

City/State and Zip Code

JENNY@CERVETTALAPHAM.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANA CERVETTA-LAPHAM	305	275-3244
	at ()_	
Name of Person	Area Code	Davtime Telephone Number

Enclosed is a check for the following amount:

[] \$25.00 Filing Fee

☐ \$30.00 Filing Fee & Certificate of Status \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO **ARTICLES OF ORGANIZATION**

ARTI	TO CLES OF ORGANIZAT OF	TION
LEAN HOLLYWOOD 2342 LLC		ST ~ T
(Name of the Limite	d Liability Company as it new appears A Florida Limited Liability Company)	Les our records)
The Articles of Organization for this Limited Liz Florida document number <u>L22000067430</u>	bility Company were filed on	09/2022 and assigned N
This amendment is submitted to amend the follo	wing:	
A. If smending name, enter the new name of	the limited liability company her	
Lean Allapattha i, LLC		
The new name must be distinguishable and contain the we	rds "Limited Liability Company," the de-	signation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	ble:	
(Principal office address MUST BE A STREE)	ADDRESS	
Enter new mailing address, if applicable: (Muiling address MAY BE A POST OFFICE E	<u></u>	
B. If amending the registered agent and/or re agent and/or the new registered office address	gistered office address on our rec <u> here</u> :	cords, <u>enter the name of the new registered</u>
Name of New Registered Agent:	ABI TOLEDANO	·
New Registered Office Address:	12550 BISCAYNE BLVD. S Enter Florid	UTTE 406 lu street address
	NORTH MIAMICity	, Florida Zip Code
New Registered Agent's Signature, If changing Re	eistered Agent:	

I hereby accept the appointment as registered agent and agree to uct 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.

8~

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

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

MGR = Manager AMBR = Authorized Member

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<u>Title</u>	<u>Name</u>	Address	Type of Action
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Add_EIN#08-1006578	
Effective date, if other than the date of filing: (optional)	
It an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0 <u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records	207 (3)(as the
he record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier The 90th day after the record is filed.	° of:
Dated05/25/2022	
Signature of a member or authorized representative of a member	
Isaac Eduardo Saias Esayag	
Typed or printed name of signee	
Page 3 of 3	
Filing Fee:	

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