

L220000067430

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

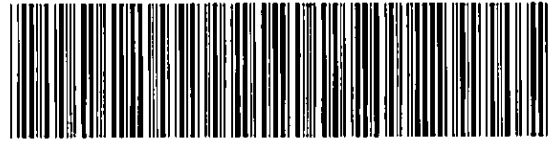
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- CERTIFIED COPY _____
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1. LEAN ALLAPATTHA 1, LLC
(CORPORATE NAME AND DOCUMENT #)
2. _____
(CORPORATE NAME AND DOCUMENT #)
3. _____
(CORPORATE NAME AND DOCUMENT #)
4. _____
(CORPORATE NAME AND DOCUMENT #)
5. _____
(CORPORATE NAME AND DOCUMENT #)
6. _____
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL
INSTRUCTIONS:**

COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: LEAN ALLAPATTHA 1, LLC

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

ANA@CERVETTA-LAPHAM.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

Daytime 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
OF

FILED

JUL 13 PM 5:22

LEAN ALLAPATTHA I, LLC

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

SECRETARY OF STATE
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 2/9/2022 and assigned Florida document number L22000067430.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

19401 AMBASSADOR CT

(Principal office address MUST BE A STREET ADDRESS)

MIAMI, FL 33179

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

19333 COLLINS AVE #2607

Enter Florida street address

SUNNY ISLES

City

Florida 33160

Zip Code

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>	<u>Address</u>	<u>Type of Action</u>
MGR	NOEL POLER	20642 NE 2 CT	<input type="checkbox"/> Add
		MIAMI, FL 33179	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ISAAC EDUARDO SAIAS	18911 COLLINS AVE#1106	<input checked="" type="checkbox"/> Add
		SUNNY ISLES, FL 33160	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ABI TOLEDANO	19333 COLLINS AVE #2607	<input checked="" type="checkbox"/> Add
		SUNNY ISLES, FL 33160	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MBR	ANDRES HAUSMANN	19401 AMBASSADOR CT	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33179	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MBR	Poler Team Investments LLC	20642 NE 2 CT	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33179	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MBR	ATOLE 2022 LLC	19333 COLLINS AVE #2607	<input type="checkbox"/> Add
		SUNNY ISLES, FL 33160	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> 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>	<u>Type of Action</u>
MBR	Harbourview II Investment LLC	18911 COLLINS AVE #1106	<input type="checkbox"/> Add
		SUNNY ISLES, FL 33160	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MBR	LEVY'S INVESTMENT LLC	619 NE 193 TERRACE	<input type="checkbox"/> Add
		MIAMI, FL 33179	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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