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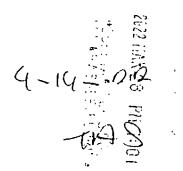
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: LA PONNIE C Leal & State, 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:
Mame of Person
Ana Gregoria Abrev, LLc Firm/Company
4267 Hanging moss DR
Orange Park PL 32073 City/State and Zip Code
AGABYEV 22 e Gmail · Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Ana Abyou at 904 660 5964 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee \& Certificate of Status \$\Bigcup \$55.00 Filing Fee \& Certificate of Status \$\Bigcup \$60.00 Filing Fee. \$\Bigcup \$60.00 Fili

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

Lai Yon hier Ileal Estate	Mc
(Name of the Limited Liability Compa (A Florida Limited	arly as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company	were filed on 3115122 and assigned
Florida document number	e it it has been processed yet.
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	pility company here:
Ana Gregoria Abreu	LLC
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	4267 Hanging moss DR
(Principal office address MUST BE A STREET ADDRESS)	orange Park EL 33039
Enter new mailing address, if applicable:	4267 Marior mass DR
	250 COO CHY CH 3 202 C
(Mailing address MAY BE A POST OFFICE BOX)	0101 /5 rain 26 2 90 2.7
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registered
agent anu/or the new registered office audress here:	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	. Florida
	City 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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□Remove
			□Change
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ective date, if other than the date of effective date is listed, the date must be specte: If the date inserted in this block doe	offic and cannot be prior to date or s not meet the applicable sta	of filing or more than 90 days a	ptional) fter filing.) Pursuant to 605 this date will not be liste	.0201 ed as
ument's effective date on the Departme				the
	but not an effective time, at	12:01 a.m. on the earlier of:	: (b) The 90th day after	
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