L22000186447

(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:
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SECRETARY OF STATE

COVER LETTER

TO: Registration Division of C			
CHID IP/PP.	63 LEONARD BLVD S LLC		
SUBJECT:	Name of Lin	nited Liability Company	
	of Amendment and fee(s) are subspondence concerning this matter	_	
	YENIS TORRES NIEBLA	-	
		Name of Person	
		Firm/Company	
	1927 SW 22ND CT		
		Address	
	CAPE CORAL FL 33991		
	YENIS_NIEBLA@YAHO		
For further information	E-mail address: (n concerning this matter, please c	to be used for future annual report notifiall:	lication)
YENIS TORRES NIE	BLA	786 3983427 at ()	
Name	of Person	Area Code Daytime	e Telephone Number
Enclosed is a check for	the following amount:		
团 \$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 Taflahassee, 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

FILED

4661 -4963 LEONARD BLVD S LLC

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

(A Florida Limited Liability Company)

TALLAHACET STATE The Articles of Organization for this Limited Liability Company were filed on $\frac{04/19/2022}{1}$ and assigned Florida document number L22000186447 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: (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 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: Enter Florida street address

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.

_, Florida ___

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
owner /	TEUDYS HERNANDEZ OLIVER	1927 SW 22ND CT CAPE CORAL FL 33991	= Add
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an effective date is listed, ote: If the date inserted ocument's effective date	d in this block d	oes not me	ect the app	dicable stat	f filing or moi utory filing	e than 90 day requiremen	s after filin ts, this dat	g.) Pursua e will no	ant to 60 of be lis)5,0207 (sted as t
	ed effective dat	e, but not a	ın effectiv	e time, at 1	2:01 a.m. or	the earlier	of: (b) T	The 90th	day aft	er the
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record specifies a delay is filed.		•	Luk							

Filing Fee: \$25.00