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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LAXMY'S CARRIER SERVICES

Account Number : I2004000007 : (305)640-0281 Fax Number : (305)489-2902

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: Jaxmy C 2001 @ Yahoo. Com

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN LEYLA WAREHOUSE, LLC

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T. LEMIEUX

NOV 2 0 2024

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Hclp

13054892902

From: LAXMY CHACON

## COVER LETTER

TO: Registration Sect Division of Corpo			
SUBJECT: Ley	la Wareho	USE LLC tod Liability Corapany	
	mendment and fee(s) are subt		
•		M Guzman Name of Person	
	Leyla Wa	exchouse LLC	
	3210 SW	137 PL Address	
	Hian Jaxmy	Oi FL 33175 City/State and Zip Code C ZOO 1 @ Youhoe to be used for further annual report noti	). Com fication)
For further information con	cerning this matter, please ca	all:	
Jesus M	Guzman	at (305) 640 Area Code Daytim	0281 e Telephone Number
Enclosed is a check for the	following amount:		
\$\$\$25.00 Filing Fee	Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (addinonal 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

The Articles of Organization for this Limited Liability Company were filed on 05 18 2022  Plorida document number 122000232877	and assigned		
This amendment is submitted to amend the following:			
4. 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 abbi	reviation "L.L.C."	-	
Enter new principal offices address, if applicable:		_	
Principal office address MUST BE A STREET ADDRESS)		<b></b> -	
	<b>(D</b> (9)	<del></del> .	•
Enter new mailing address, if applicable:		<del>-</del> -`,	
Mailing address MAY BE A POST OFFICE BOX			
and a second context the name	of the new regis	₹O lered	<b>.</b>
B. If amending the registered agent and/or registered office address on our records, <u>enter the name</u> agent and/or the new registered office add <u>ress here</u> :	or the new regard		,
		3: 04	9.
Name of New Registered Agent:	-1	_	نو حب
New Registered Office Address:  Enter Florida street address		_	
. Florida		_	
City	Zip Code	<del></del>	
New Registered Agent's Signature, if changing Registered Agent:			

accept the obligations of my position as registered agent as provided for in Chapter 603, F.S. Or, if this accume 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

2024-11-19 16:54:59 GMT

13054892902

From: LAXMY CHACON

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

Title	Name	Address	Type of Action
MGR	Aylen Fleites	13376 SW 46 Ln	□ Add
	·	Miami, FL, 33175	<b>M</b> Remove
			□ Change
			□Add
			□Remove
			☐ Change
		□Add	
			□Remove
			Change
			□Add
			Remove
			☐ Change
		□Add	
			DRemove
			□ Change
			□Add
			□Remove
			Change

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lf an ef Note:	ive date, if other than the date of filing:
recor d is fi	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the lod.
Dated	November 19th, 2024.
	I am Rumm
	Signature of a member or authorized representative of a member
	Jesus M. Guzman

Filing Fee: \$25.00