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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Teane Serino D Name of Limited Liability Company	Leal Estate, LLC
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Jeanne Ser Name of Person	2822 UL 25
Firm/Company	
Poca Ratin Fl. City/State and Zip Co City/State and Zip Co City/State and Zip Co City/State and Zip Co E-mail address: (to be used for future annumentation concerning this matter, please call:	33487 mail.com
Jerne Serino at (914) Name of Person	Daytime Telephone Number
Enclosed is a check for the following amount: \$\sum \frac{1}{2} \	Certificate of Status &
Registration Section Regis	Address: stration Section

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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

(A Florida Limited Liability Company)

1 4 2 5 DO 10 10 10 10 10 10 10 10 10 10 10 10 10	y Company were filed on $\underline{\Pi}$	ay 18, 2022	_and assign	ed
The Articles of Organization for this Limited Liability Florida document number <u>L22000</u> 232				
This amendment is submitted to amend the following	; :			
A. If amending name, enter the new name of the l		<u>e</u> :		
Jeanne Serin	NO, LLC			
The new name must be distinguishable and contain the words	Limited Liability Company," the des	signation "LLC" or the abbre	eviation "L.L.C	
Enter new principal offices address, if applicable:	51			
(Principal office address MUST BE A STREET AD	ODRESS)		322	
				. '
			ro t	-
Enter new mailing address, if applicable:		··	"	<u>:</u>
(Mailing address MAY BE A POST OFFICE BOX)			<u>N</u>	
			<u> </u>	
B. If amending the registered agent and/or registered agent and/or the new registered office address her Name of New Registered Agent:		cords, <u>enter the name o</u>	of the new re	gistered
agent and/or the new registered office address her	<u>e</u> :		of the new re	gistered
agent and/or the new registered office address her Name of New Registered Agent:	<u>e</u> :	cords, enter the name o	of the new re	gistered
agent and/or the new registered office address her Name of New Registered Agent:	Enter Floria			gistered
agent and/or the new registered office address her Name of New Registered Agent:	Enter Floria City	la street address	of the new ro	egistered

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

MOIN	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
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an effective date is listed,	r than the date of filing the date must be specific an	nd cannot be prior to	date of filing or mor	e than 90 days afte	i onal) r filing.) Pursi	rant to 605.02
ote: If the date inserte ocument's effective da	ed in this block does not the Oppartment of	meet the applicab State's records.	le statutory filing	requirements, th	is date will n	ot be listed
	ved effective date, but no	ot an effective time	e, at 12:01 a.m. on	the earlier of: (b) The 90th	i day after t
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