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ALLAHASSEE, FLORIDA

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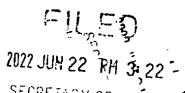
COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Lennyn & Company LCC Name of Limited Liability Opmpany
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Lennyn Garcia Name of Person
Lennyn & Company LLC
13170 Spring Grove Way
Winter Garden FL 34787 City/State and Zip Code Contact Lennynga yaroo. com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Lennyn Gava'a at 40 242-9432 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
☐ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee, 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



Lennyn & Como	vany LLC	TALLAHASSEE, FLORE
(Name of the Limited Liability Co (A Florida Limi	mpany at it now appears on outed Liability Company)	r records.)
The Articles of Organization for this Limited Liability Comp Florida document number <u>L 22 000 25 29 4</u> 2	oany were filed on 66	02/1077 and assigned 5
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 I	iability Company," the designati	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	**************************************
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	ice address on our records	s, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida str	ret 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, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member MGR Lennyn Garaa Winter Garden, FL 34787 Kadd Title Remove ☐ Change AMBR Darnelys Sanchez □Remove AMBR RUGGEr Garcia _____ □Remove _____ Change □Remove _____ Change ______ □Remove _____ 🖸 Add _____ □Remove ____ □Change

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Note: If the date ins	sted, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 60 serted in this block does not meet the applicable statutory filing requirements, this date will not be like date on the Department of State's records.	05.020° sted as
ne record specifies a d ord is filed.	delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day af	ter the
Dated JUN	ne 77 . 7023	
	of a member of a member and authorized representative of a member	

Filing Fee: \$25.00