# L22000445509

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## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: Leria Properties 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:		
Rachel Traverso Name of Person	-	
Lerla Properties LLC Firm/Company	-	
30748 Nocatee tri	_	
Sorrento, FL 32776  City/State and Zip Code	<b>20</b> 23 .	
Rachel. Leraco @ Gmail. com	3	,
E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:	· · · · · · · · · · · · · · · · · · ·	· · · · ·
Rachel Traverso at (321) 303-9989  Name of Person Area Code Daytime Telephone Number	<u> </u>	
Enclosed is a check for the following amount:		
(additional copy is enclosed) Certified	ite of Status &	

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

Leria Properties LLC

orida document number L 22000 445509	- 17, 2022		-
his amendment is submitted to amend the following:			
If amending name, enter the new name of the limited liability company here:			
ne new name must be distinguishable and contain the words "Limited Liability Company," the design	nation "LLC" or the abbrevi	ation "L.	.L.C."
nter new principal offices address, if applicable:	arin.	20.2	
Principal office address MUST BE A STREET ADDRESS)		<b>6</b> 3	
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nter new mailing address, if applicable:	· · · · · · · · · · · · · · · · · · ·	<u></u>	
Aailing address MAY BE A POST OFFICE BOX)	<u> </u>	<u> </u>	
. If amending the registered agent and/or registered office address on our recorent and/or the new registered office address here:	ds, enter the name of	the nev	<u>w registe</u>
Name of New Registered Agent:			
New Registered Office 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.

City

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
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		Ocoee, FL 34761	[]Remove
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