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DATE: 11/22/2022

NAME: LELEL HOME LLC

TYPE OF FILING: AMENDMENT

COST:

25.00

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ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE a Hodge

COVER LETTER

TO: Registration Section

Division of Cor	porations		
LELEL HO	OME LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Piease return all correspo	ondence concerning this matter	to the following:	
	LUZ M ROSAS		
		Name of Person	
	LELEL HOME LLC		
		Firm/Company	
	17170 SW 93RD ST		
		Address	
	MIAMI FL 33196		
		City/State and Zip Code	· · ·
	TAXMAILSOLUTION@G		
	E-mail address: (to be used for future annual report notif	fication)
For further information of	oncerning this matter, please co	all:	
LUZ M ROSAS		786 768-6657	
Name o	f Person		e Telephone Number
Enclosed is a check for the	he following amount:		
■ \$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: Division of C P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monroe Tallahassee, FL	porations allahassee e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

FILED

LELEL HOME LLC

2022 NOV 22 AH 11: 27

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

(A Florida Limited Liability Company)

TALLAHASSEE. Fl.

The Articles of Organization for this Limited Liability (Company w	vere filed on	NOV 7, 2022	and assigned	
Florida document number L22000477460	·				
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the lin	nited liabili	ity company	<u>here</u> :		
The new name must be distinguishable and contain the words "Lin	mited Liabilit	y Company," th	e designation "Ll	.C" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADD	RESS)				
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BOX)				 	
B. If amending the registered agent and/or registered agent and/or the new registered office address here:		ldress on oui	r records, <u>ent</u> o	er the name of the new registere	<u>ed</u>
Name of New Registered Agent:					
New Registered Office Address:					
New Registered Office Rudiesa.		Enter F	lorida street addi	ess	
			, 1	FloridaZip Code	
		City		Zip Code	
New Registered Agent's Signature, if changing Registered	red Agent:				
I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and a accept the obligations of my position as registered a being filed to merely reflect a change in the register company has been notified in writing of this change	complete p agent as pr red office a	erformance ovided for in	of my duties, n Chapter 602	and I am familiar with and 5, F.S. Or, if this document is	е

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 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
мемвеі	LUZ M ROSAS	17170 SW 93RD ST MIAMI FL 33196	■Add
			□Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			□Remove
			□Change
			□ Add
			□Remove
			Change
			🗆 Add
			□Remove
			□ Change

ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 day force. If the date inserted in this block does not meet the applicable statutory filing requirement ocument's effective date on the Department of State's records. record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier is filed.	2022 NOV 22 AH II
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l is filed.	
	of: (b) The 90th day after the
ated 21 NOV 2022	
ated	
The state of the s	
Signature of a member or authorized representative of a member	
LUZ M ROSAS	