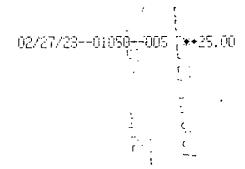
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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Special instructions to Filling Officer.





100402184881



COVER LETTER

TO:

Registration Section

Division of Cor	porations			
	LETON BLVD. LLC			
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	ABEL SALK			
		Name of Person	<u> </u>	_
		Firm/Company		
	19931 NE 22ND AVE.	. ,		
		Address		-, 1
	MIAMI, FL 33180			
		City/State and Zip Code		- <u>- </u>
	E-mail address: (to be used for future annual report no	tification)	1 :2
For further information co	oncerning this matter, please c	all:		
ABEL SALK		305 5707536		
Name o	f Person	Area Code Daytir	ne Telephone Numbe	r
Enclosed is a check for th	e following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ite of Status &
Mailing Address Registration S Division of C P.O. Box 632 Tallahassee, F	Section orporations 7	Street Address: Registration So Division of Co The Centre of 2415 N. Monro Tallahassee, Fl	rporations Tallahassee oe Street, Suite 8	310

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

15275 APPLETON BLVD LLC		
(Name of the Limited Liability Compa (A Florida Limited)	ny as it now appears on our records Liability Company)	<u>,</u>
The Articles of Organization for this Limited Liability Company	were filed on 12/13/2022	and assigned
Florida document number L22000522269		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "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)		i
		1 -2
3. If amending the registered agent and/or registered office a gent and/or the new registered office address here:	nddress on our records, <u>enter t</u>	he name of the new regis
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Fla	rida
	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 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
AMBR	ABEL SALK	19931 NE 22ND AVE.	
		MIAMI, FL 33180	□Remove
			■ Change
			□Remove
			□Change
			DAdd
			☐ Remove
			Change
			□Remove
			□Change
			□Add
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ective date, if other than effective date is listed, the da	te must be specific and o	cannot be prior to date o	f filing or more than 90 da	(optional) lys after filing.) P	ursuant to 605.0207
te: If the date inserted in the cument's effective date on	his block does not me	eet the applicable stat	tutory filing requirement	nts, this date wi	ll not be listed as
sament serrective date on	me bepartment of 3t	are s records.			
ecord specifies a delayed ef	fective date, but not a	an effective time, at 1	2:01 a.m. on the earlie	rof (b) The 9	Oth day after the
s filed.	·	2,			war aag arrer viie
. 2/22		2023			
ted	——·,	17 A			
	(2011111	L100111			
	- / //////////////////////////////////				

Typed or printed name of signee