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(Requ	estor's Name)
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(City/S	State/Zip/Phor	ne #)
PICK-UP	MAIT	MAIL
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Certified Copies	Certificate	es of Status
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S. FRINCLIN
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COVER LETTER

TO:

Registration Section

Division of C	lorporations		
LEA MA	ARY REAL ESTATE LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.	
	spondence concerning this matter	_	
r lease return an corre	spondence concerning this matter	to the following.	
	ALINE DARMOUNI		
		Name of Person	
	ORCOM US		
		Firm/Company	
	1200 BRICKELL AVE - S	SUITE 1960	
		Address	
	MIAMI FL 33131		
		City/State and Zip Code	
	office@orcomus.com E-mail address: (to be used for future annual report no	iffication)
For further information	i concerning this matter, please c	all:	
ALINE DARMOUNI		305 600 4405	
Nam	e of Person	305 600 4405 at ()	ne Telephone Number
Enclosed is a check to	r the 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)
P.O. Box 6	n Section Corporations	Street Address: Registration So Division of Co The Centre of 2415 N. Monro	rporations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LEA MARY REAL ESTATE LLC		
(Name of the Limited Liability Comp. (A Florida Limited	iny as it now appears on our record Liability Company)	<u>N.</u>)
The Articles of Organization for this Limited Liability Company Florida document number $\frac{1.23000217052}{1.000000000000000000000000000000000000$	were filed on 05/02/2023	and assigned
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 Liabi	lity Company," the designation "LLC	~
Enter new principal offices address, if applicable:	485 Brickell Ave	
(Principal office address MUST BE A STREET ADDRESS)	Apt 2211	
	MIAMI FL 33131	77
Enter new mailing address, if applicable:	485 Brickell Ave	ن و
(Mailing address MAY BE A POST OFFICE BOX)	Apt 2211	ري. د
	MIAMI FL 33131	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter</u>	the name of the new regi
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addres.	N S
	, Flo	orida
	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
MGR	BEAUQUIS, LEA	485 Brickell Ave	🗆 Add
		Apt 2211	□Remove
		MIAMI FL 33131	≣ Change
			_
			_
			(]Change
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			Remove
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ffective date, if other the an effective date is listed, the distorted. If the date inserted in ocument's effective date on	this block does not m	reet the applicable s	of filing or more than 90 tatutory filing requires	(optional) days after filing.) Punents, this date will	suant to 605.0207 (3)(6) not be listed as the
record specifies a delayed e is filed.	effective date, but not	an effective time, a	1 12:01 a.m. on the ear	lier of: (b) The 90	th day after the
ated	·	<u> </u>	_		
	Signature of a n	nember of authorized	representative of a memb	per	
			•		

Filing Fee: \$25.00