## L23000294286

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## **COVER LETTER**

ľO:

Registration Section
Division of Corporations

Tallahassee, FL 32314

Leon Global Solutions LLC SUBJECT: 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: Barbara Leon Name of Person Leon Global Solutions LLC Firm/Company 3840 w humphrey st Address tampa, florida, 33614 City/State and Zip Code infoprestigesolutions@yahoo.com E-mail address: (to be used for future annual report notification) for further information concerning this matter, please call: 813 504-1014 Barbara Leon Daytime Telephone Number Name of Person 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 Certificate of Status & Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed) **Mailing Address:** Street Address: Registration Section Registration Section **Division of Corporations** Division of Corporations The Centre of Tallahassee P.O. Box 6327

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

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

	7
LEON GLOBAL SOLUTIONS LLC	
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	<u> </u>
(A Fibrida Entitled Enablity Company)	
The Articles of Organization for this Limited Liability Company were filed on 06/19/2023	and assigned
Florida document number L23000294286	
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 Liability Company," the designation "LLC" or the	L SOLUTIONS LLC  Company as it now appears on our records.)  Imited Liability Company)  Impany were filed on   Obinity Company here:  I d Liability Company." the designation "LLC" or the abbreviation "L.L.C."  SS)
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
i. If amending the registered agent and/or registered office address on our records, enter the n gent and/or the new registered office address here:	ame of the new registered
Name of New Registered Agent:	
New Registered Office Address:	
l'il autola	

ew Registered Agent's Signature, if changing Registered Agent:

hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and cept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is ing filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability mpany has been notified in writing of this change.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

f amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

AGR = Manager AMBR = Authorized Member

<u>'itle</u>	<u>Name</u>	Address	Type of Action
AGR	Barbara Leon	3840 w humphrey st	
		tampa, fl. 33614	<b>=</b> Remove
			□Change
			🗀 Add
			□ Remove
			□Change
MGR	Maria Valladares Vera	3840 w Humphrey st	<b>≣</b> Add
		tampa. fl. 33614	□Remove
			□Change 20
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tive date, if other than the d	ate of filing: Sep	tember, 13, 20;	23	(optional)	
ffective date is listed, the date must If the date inserted in this block	e specific and cannot			90 days after tiling	.) Pursuant to 605.02
ment's effective date on the Der			natery tring requi	ements. ems date	will not be fisted
ord specifies a delayed effective filed.	date, but not an effe	ective time, at	12:01 a.m. on the e	arlier of: (b) Th	ne 90th day after th
September, 13	202.	3	0		
		1	(//./)		
$\cap$	arbara ignature of a member	1	118404		