## L23 000 364 292

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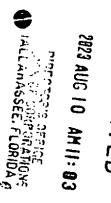


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FILED. 00

SECRETARY OF STATE
TALLAHASSEE 14

08/10/23-00/20-00/20



## **COVER LETTER**

Registration Section
Division of Corporations

TO:

LE'RAE P SUBJECT:	RODUCTS LLC		
SUBJECT.	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Markin Barnes		
		Name of Person	
	LE'RAE PRODUCTS LLO		
		Firm/Company	
	533 MCDUFF AVE S		
		Address	
	JAX, FL 32254		
	+ T = 1	City/State and Zip Code	
	leraeproduct@gmail.com		
	E-mail address: (	to be used for future annual report not	ification)
For further information of	concerning this matter, please c	all:	
Naajia Barnes	·	904 891.5630 at ()	
Name (	of Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for t	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 O P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration Se Division of Co The Centre of 7 2415 N. Monro	rporations

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LE'RAE PRODUCTS LLC	
(Name of the Limited Liability Compan (A Florida Limited Li	v as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company villorida document number L23000364292	were filed on 08/02/2023 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	ity company here:
The new name must be distinguishable and contain the words "Limited Liabilit	ty Company," the designation "LLC" or the abbreviation "L.L.C."
• • •	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	SEGRETAR TALLAH
(Mailing address MAY BE A POST OFFICE BOX)	
	E.F.L.
B. If amending the registered agent and/or registered office acagent and/or the new registered office address here:	idress on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street 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 Changing Registered Agent, Signature of New Registered Agent

, Florida

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>	Name	Address	Type of Action
MGR	Naajia Barnes	4306 Edenfield Ln	□Add
		Jacksonville, FL 32277	□Remove
			€ Change
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			□Remove
			□Change
<u>-</u>			□Add
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lfan ef <u>Note:</u>	tive date, if other than the ffective date is listed, the date means of the date inserted in this between the liment's effective date on the liment's	ust be specific and cannot be block does not meet the ap	pplicable statutory fi	r more than 90 days after the ling requirements, this	iling.) Pursuant to 605.0207
e reco rd is f	ord specifies a delayed effecti filed.	ve date, but not an effecti	ve time, at 12:01 a.i	n. on the earlier of: (b)	The 90th day after the
Dated	1 August 9	Langer	·		
	· / 1 / V	Signature of a mambana	author (all sense enter	ive of a member	
		Signature of a member or	authorized tepresentat	ive of a member	

Filing Fee: \$25.00