

123000556633

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

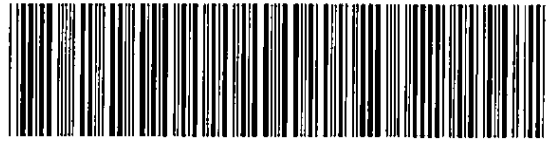
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300422266513

01/23/24--01014--027 **60.00

2/8/24 KH

FILED
2024 JAN 23 AM 9:33
STATE
TALLAHASSEE, FL

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: LEYNDEL GP I, LLC

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:

MIRANDA TINGLEY

Name of Person

LEYNDEL GP I, LLC

Firm/Company

701 BRICKELL AVENUE, SUITE #1550

Address

MIAMI, FL 33131

City/State and Zip Code

ALEX@LEYNDEL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ALEXANDER MALEK

Name of Person

212
at ()

Area Code

471-8550

Daytime Telephone Number

Enclosed is a check for 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)

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

2024 JAN 23 AM 9:33

FILED

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

LEYNDEL GPI, LLC

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

The Articles of Organization for this Limited Liability Company were filed on December 18, 2023 and assigned
Florida document number L23000556633.

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 abbreviation "L.L.C."

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) _____

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida street address

_____, Florida
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>	<u>Address</u>	<u>Type of Action</u>
MGR	ALEXANDER MALEK	378 HUMPHREY STREET	<input type="checkbox"/> Add
		WATERDOWN, ON L8B1X5, CANADA	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	LEYNDEL PROPERTIES GROUF	701 BRICKELL AVENUE, SUITE #1550	<input checked="" type="checkbox"/> Add
	LEYNDEL LEYNDEL PROPERTIES GROUP, LLC	MIAMI, FL 33131	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2021 JAN 28 AM 9:33
FILED
CLERK OF DISTRICT COURT
STATE OF FLORIDA

FILED

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

THE FORM FIELD WASN'T ABLE TO FIT THE ENTIRE NAME OF THE NEW AMBR SO I'M

INSERTING IT BELOW:

LEYNDEL PROPERTIES GROUP, LLC

ALEXANDER MALEK IS BEING CHANGED TO MANAGER.

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated JANUARY 9, 2024

Alexander Malek Digitally signed by Alexander Malek
Date: 2024.01.09 13:00:16 -05'00'

Signature of a member or authorized representative of a member

ALEXANDER MALEK

Typed or printed name of signee

FILED
2024 JAN 23 9:33
DEPT. OF STATE
TALLAHASSEE, FL

Filing Fee: \$25.00