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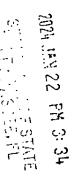
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COVER LETTER

TO: Registration Se Division of Cor			
LemonLing	go LLC		
SUBJECT:	Name of Lim	ited Liability Company	_
The enclosed Articles of	Amendment and fee(s) are sub	unitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Vanessa Fagundo		
			
	LemonLingo LLC		
	<u> </u>		
	1890 SW 16 Ter		
		Address	
	Miami, Fl 33145		
		City/State and Zip Code	
	manager@lemonlingo.com		
For further information c	E-mail address: (oncerning this matter, please c	to be used for future annual report notificall:	7074 JAN 22
Omar Fagundo		305 898-1555	
	f Person	Area Code Daytime	Telephone Number COS PH 3: COS AS
Enclosed is a check for the	ne following amount:		កា 🐣
■ \$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 Addres	<u>ss:</u>	Street Address;	
Registration Section		Registration Sect	
Division of Corporations P.O. Box 6327		Division of Corp The Centre of Ta	
Tallahassee, FL 32314		2415 N. Monroe	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LemonLingo LLC		
(Name of the Limited Liability Compan (A Florida Limited L	y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company v	were filed on 01/04/2024	and assigned
Florida document number L24000013419		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or t	he 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)		<u> </u>
		201
		三三三
B. If amending the registered agent and/or registered office a	ddress on our records, enter the i	
agent and/or the new registered office address here:		22
Name of New Registered Agent:		(110 c)
Now Basistand Office Address		12 3
New Registered Office Address:	Enter Florida street address	[17]
	171	
	, Florid: , Florid:	I 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 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	Omar Fagundo	1890 SW 16 Ter, Miami, Fl 33145	■Add
			□Remove
			Change
			Add
			□Remove
			□Change
			□Add
			□Remove
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_			Change The
			22 SST □Remove
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	01/15/2024	-	22
Effective	date, if other than the date of filing: (optional) ve date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.	Postupant	~~ <u>~</u>
Note: If	the date inserted in this block does not meet the applicable statutory filing requirements, this date	will not b	e Histed as i
	's effective date on the Department of State's records.		သူ
document	and the state of the first transfer of the state of the s	. 00th d.	
document e record s	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The	e 90th day	after the
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