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To:	
	Division of Corporations
	Fax Number : (850)617-6383
From	:
	Account Name : LICENSES & PERMITS LLC
	Account Number : I20210000155
	Phone : (305)226-8727 Fax Number : (305)226-8767 786-9470844
5.9 24.8	Fax Number : (305)226-8767 780-94 100 1
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17	imail Address:  LLC AMND/RESTATE/CORRECT OR M/MG RESIGN LEYOM ENTERPRISES LLC
17 5 2 - 7 P	imail Address:  LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  LEYOM ENTERPRISES LLC.

Electronic Filing Menu

Estimated Charge

Corporate Filing Menu

Help

\$25.00

## COVER LETTER

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	mited Liability Company	<del></del>
Amendment and fec(s) are su	bmitted for filing.	
ondence concerning this matte	er to the following:	
LUCIA ESTRELLA		
	Name of Person	<del></del>
LICENSES & PERMITS		
	Fiπt/Company	<del></del>
8300 WEST FLAGLER S	r	
	Address	
MIAMI, FL 3144		
	City/State and Zip Code	
	•	ication)
	305 226-8727	
Person	Area Code Daytime	Telephone Number
e following amount:		
☐ \$30.00 Filing Fee &	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Street Address: Registration Sect	iion
	Name of Li  Amendment and fee(s) are substituted	Name of Limited Liability Company  Amendment and fee(s) are submitted for filing.  Indended concerning this matter to the following:  LUCIA ESTRELLA  Name of Person.  LICENSES & PERMITS  Firm/Company  8300 WEST FLAGLER ST  Address  MIAMI, FL 3144  City/State and Zip Code  LICENSES114@GMAIL.COM  E-mail address: (to be used for future annual report notile concerning this matter, please call:  Person  at (

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

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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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

Title	Name	Address	Type of Action
MGR	PAGES, OMAR	17471 NE 19 AVE	\$\frac{1}{2} \times \times \tau \tau \tau \tau \tau \tau \tau \tau
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ffectiv	re date, if other than the date of filing: (optional)
an effe	ctive 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 of
ocume	f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed not's effective date on the Department of State's records.
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 t
is file	d.
j	AN 29 2024
ated _	AN 29 2024
	(4-02)
	Signature of a member or authorized representative of a member
	OMAR PAGES

Filing Fee: \$25.00