L24000038210

	(Requestor's Name)
	(Requestors Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
	PICK-UP WAIT MAIL
	(Business Entity Name)
	(Document Number)
Dertific	ed Copies Certificates of Status
Spec	cial Instructions to Filing Officer.
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CT 10/23/2024

COVER LETTER

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TO:

Tallahassee, FL 32314

TO: Registration So Division of Cor			
SUBJECT: Michelle Le	ro Management, LLC		
	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Michelle Leo		
		Name of Person	
		Firm/Company	
	1000 West Avenues, #1123		
	Miami Beach, Florida 3313	Address 9	
	michleo33@gmail.com	City/State and Zip Code	
	E-mail address: (1	to be used for future annual report notif	ication)
For further information c	concerning this matter, please ca	all:	
Michelle Leo		at (917) 957-3542 Area Code Daytimo	
Name o	of Person	Area Code Daytimo	: Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration		Street Address: Registration Sec	ction
Division of C	Corporations	Division of Cor	porations
P.O. Box 632	27	The Centre of T	allahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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(<u>Name of the Limited Liability Com</u> (A Florida Limite	pany as it now appears on our recor	<u>ds.</u>) :
(A Piorida Linnie	a Liannity Company)	• • •
The Articles of Organization for this Limited Liability Compar	ny were filed on he 01	/19/2024 and assigned
Florida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
Michelle Leo Agency, L.L.C		
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
	1-1	
Enter new mailing address, if applicable:	1000 West Avenue, #1123	
Mailing address MAY BE A POST OFFICE BOX)	Miami Beach, Florida 33139	
Truming dual to the true to th	-	
		
B. If amending the registered agent and/or registered office	e address on our records, <u>ente</u>	r the name of the new regi
agent and/or the new registered office address here:		
Name of New Registered Agent:	 .	
New Registered Office Address:		
 	Enter Florida street addre	255
	, F	lorida
	City	Zin Coda

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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager
: AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
			□Remove
			☐ Change
			□Add
			□Remove
			Change
			□ Add
			□Remove
			☐ Change
.			
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			□ Adđ
			□Remove
			Change
			
			□Remove

 			
			
		 	
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Effective date, if other than the	date of filing:	(optiona	l)
	e date of filing: st be specific and cannot be prior to date of		
locument's effective date on the D	lock does not meet the applicable stat department of State's records.	mory thing requirements, this da	te will not be fisted a
record specifies a delayed effective	ve date, but not an effective time, at 12	2:01 a.m. on the earlier of: (b)	The 90th day after the
d is filed.			
September, 23	20024		
Dated	·		
	1.11 0		
	$\mathcal{L}(\mathcal{I},\mathcal{I},\mathcal{I},\mathcal{I},\mathcal{I},\mathcal{I},\mathcal{I},\mathcal{I},$		
	Middle Les Signature of a member or authorized rep	resentative of a member	

Filing Fee: \$25.00