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## **COVER LETTER**

то:	Registrat Division		ction porations			
CHD III			GN AND MAKE LLC			
SUBJEC	LI:		Name of Lim	ited Liability Company		
The encl	losed Artic	eles of A	Amendment and fee(s) are sub	mitted for filing.		
Please re	eturn all co	orrespor	ndence concerning this matter	to the following:		
			JULIANO SANTOS LEA	L		
				Name of Person		<del></del>
			LEAL DESIGN AND MA	KE LLC		
				Firm/Company	·-	
			13816 HERONS LANDIN	FG WAY APT-3		
				Address		
			JACKSONVILLE FL 322	24		
			<del></del>	City/State and Zip Co	de	
			LEALDESIGNMAKE@GI		1	
For furth	ner inform	ation co	is-mail address: ( oncerning this matter, please c	to be used for future anni all:	иат герогі поппс	ation)
JULIAN	O SANTO	OS LEA	AL.		501-9545	
	1	Name of	Person	Area Code	Daytime 7	Telephone Number
Enclosed	d is a chec	k for th	e following amount:			
<b>≘</b> \$25.	.00 Filing	Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing For Certified Copy (additional copy is		☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing A Registra Division P.O. Bo	ation S n of Co	ection orporations	Regis Divis	t Address: stration Sect sion of Corpo Centre of Ta	orations
	Tallaha	ssee, F	L 32314	2415	N. Monroe	Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LEAL DESIGN AND MAKE LLC		
( <u>Name of the Limited Liability Compa</u> (A Florida Limited l	iny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L24000074506	were filed on 02/06/2024	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the ab	obreviation "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>
(Principal office address MUST BE A STREET ADDRESS)		-
Enter new mailing address, if applicable:	13816 HERONS LANDING WAY	÷
(Mailing address MAY BE A POST OFFICE BOX)	APT-3	•
maning datress mar BE A POST OFFICE BOXY	JACKSONVILLE FL 32224	_ ;
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:  Name of New Registered Agent:	address on our records, enter the nan	ne of the new registe
New Registered Office Address:		
Tien Registered Office Address.	Enter Florida street address	
	Florida	<del></del>
	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>	Address	Type of Action
MGR	TAMIRES LEAL	13816 HERONS LANDING WAY APT-3	≣ Add
		JACKSONVILLE FL 32224	🗀 Remove
			□ Change
			🗆 Add
			□Remove
			□Change
			□Add
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			□ Change

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