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COVER LETTER

	Registration Se Division of Cor			
(15.117.2		rgent Supply LLC		
SUBJEC	TT:	Name of Limi	ited Liability Company	
The encl	osed Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please re	aum all correspo	ndence concerning this matter	to the following:	
		Gabriel U. Leiba		
			Name of Person	
		Leyba Detergent Supply Ll	l'C,	
			Firm/Company	
		9320 Fontainebleau Blvd. a	Αρτ#510	
			Address	
		Miami, Florida 33172		
		Gabileib(ā)hotmaíl.com	City/State and Zip Code	
		E-mail address: ()	to be used for future annual report notif	cation)
For furt	er information c	oncerning this matter, please co	all:	
Gabriel	U. Leiba		305 761-5486	
	Name o	f Person	at () Area Code — Daytime	Telephone Number
Unclosed	I is a check for th	ne following amount:		
□ \$25	,00 Filing Fee	\$30,00 Filing Fee & Certificate of Status	[7] \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Leyba Detergent Supply ELC (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 $\frac{02/12/2024}{1}$ ___ and assigned Florida document number 1.24000076062 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 "LLC." 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 uddress 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 Alh and

If Changing Registered Agent, Signature of New Regist

accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, Ethis dogment is the

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

Title	<u>Name</u>	Address	Type of Action
MGR	Gabriel U. Leiba	9320 Fontainebleau Blvd. Apt#510	= Add
		Miami, Florida 33172	□ Remove
			□Change
			□Add
		······	□ Remove
			
			¬Add
			□ Remove
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Effective date, if other th If an effective date is listed, the Note: If the date inserted in document's effective date of	date must be specific t this block does n	and cannot be prior of meet the applica	to date of filing or n	(optio ore than 90 days after g requirements, this	filing.) Pursuan	t to 605.92 be listed	07 (3 us the
he record specifies a d The 90th day after tl			t an effective t	ime, at 12:01 a	.m. on the	earlier 201	of:
Dated March 11		2024			ALLA	2024 HAR 20	1
(7 akrie	U. Sy it a member or milit	rized representative	of a member	TASSEE.	0 PM 4: 52	المعدل طالبا
Gabriel U. Leiba					FA	: 52	

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