L24000169602

(Requestor's Name)
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(City/State/Zip/Phone #)
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COVER LETTER

TO: Registration So Division of Cor				
LEELAN 3				
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	MICHEL NUNEZ			
		Name of Person		
	LEELAN 360, LLC			
		Firm/Company		
	1490 13TH ST SW			
		Address		
	NAPLES, FL 34117			
		City/State and Zip Code		
	armando@bookkeepingaap			
For further information o	E-mail address: (oncerning this matter, please c	to be used for future annual report noti	fication)	
	oncerning this matter, piease c			
MICHEL NUNEZ		239 404.,546 at ()		
Name o	f Person	Area Code Daytim	e Telephone Number	
Enclosed is a check for the	ne following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$69.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Address Registration 9		Street Address: Registration Se	ction	
Division of C		Division of Cor		
P.O. Box 632	.7	The Centre of T	The Centre of Tallahassee	
Tallahassee, l	FL 32314	2415 N. Monro	e Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LEELAN 360, LLC	
(Name of the Limited Liability Company (A Florida Limited Lia	y as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company where $\frac{L24000169602}{L24000169602}$.	were filed on APRIL 10.2024 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabili	ity company here:
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC" or the 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)	
B. If amending the registered agent and/or registered office ad	dress on our records, enter the name of the new registe
agent and/or the new registered office address here:	-
Name of New Projectional Asserts	•
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	Florida

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.

City

Zip Code

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	MICHEL NUNEZ	1490 13TH ST SW NAPLES, FL 34117	□Add
			□Remove
			= Change
			□Add
			□Remove
			□Change
			🗆 🗆 🗆 🗆 🗆 🗆
			□Remove
			□Change
			□ Add
			∏Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Chungo

	E NAME OF THE REGISTERED AGENT AND IN THE NAME OF THE PERSONS
AUTHORIZED TO MAN	AGE MICHAEL NUNEZ AND CORRECT IS MICHEL NUNEZ
	
-	
	
ote: If the date inserted in this	te date of filing: (optional) sust be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02 block does not meet the applicable statutory filing requirements, this date will not be listed a Department of State's records.
ecord specifies a delayed effective is filed.	ive date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after th
	2024
ated APRIL 13	