

L24000190765

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

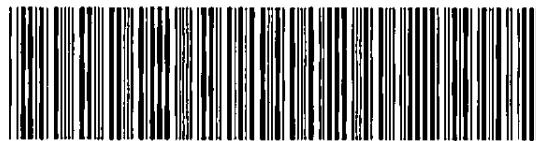
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FL

Me



Miami, September 20th, 2024

Via U.S. Postal Service
Certified Mail Return Receipt Requested
Tracking No. 9589 0710 5270 2261 5729 27

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

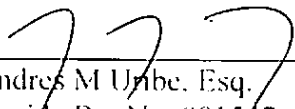
Ref: Business name: Leo y Mila LLC
EIN: 61-2193127
Document number: L24000190765
Matter: Filing of Articles of Amendment to Articles of Organization

Dear Sir/ Madam:

We represent the referenced entity. Enclosed please find cover letter and Articles of Amendment to Articles of Organization for this entity regarding the change of Management and Registered Agent.

Should you have any questions regarding this letter, please do not hesitate to contact the undersigned at (786) 258-5433, via fax (786) 544-2833 or e-mail notice@mbs-associates.com.

Very truly yours,



Andres M Unbe, Esq.
Florida Bar No. 001547

w/ enclosures

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TALLAHASSEE, FL

ATTACHMENTS

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TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LEO Y MILA LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

CLAUDIA S. MUNOZ

Name of Person

MBS ASSOCIATES

Firm/Company

1701 PONCE DE LEON BLVD, STE 306

Address

CORAL GABLES, FL 33134

City/State and Zip Code

emilio@globaltaxlegal.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Andres M. Uribe

at (305)

519-0568

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 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

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TALLAHASSEE, FL

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

LEO Y MILA LLC

(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 04/23/2024 and assigned
Florida document number L24000190765.

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 "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

1701 PONCE DE LEON BLVD

STE 306

CORAL GABLES, FL 33134

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1701 PONCE DE LEON BLVD

STE 306

CORAL GABLES, FL 33134

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:

FA CORPORATE MANAGEMENT LLC

New Registered Office Address:

701 PONCE DE LEON BLVD

Enter Florida street address

CORAL GABLES

Florida

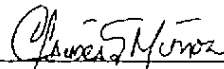
33134

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

By: Claudia S. Munoz
Title: Manager

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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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	LONDONO, CAMILO	151 CRANDON BLVD	<input type="checkbox"/> Add
		KEY BISCA YNE, FL 33149	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JARAMILLO, MANUELA	151 CRANDON BLVD	<input type="checkbox"/> Add
		KEY BISCA YNE, FL 33149	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	FA CORPORATE MANAGEMENT LLC	1701 PONCE DE LEON BLVD	<input checked="" type="checkbox"/> Add
		STE 306	<input type="checkbox"/> Remove
		CORAL GABLES, FL 33134	<input type="checkbox"/> Change
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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TALLAHASSEE, FL

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TALLAHASSEE

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TALLAHASSEE, FL

(If an effective 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 605.0207 (3)(b)

If the 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 the record is filed.

Dated September 20, 2024

Claudia S. Munoz

Typed or printed name of signee

Filing Fee: \$25.00