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2024 AUG 26 PH 2: 20 SECRETARY OF STAT



COVER LETTER

	RVICES, LLC			
SUBJECT:				
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Francoise J. Blanco			
		Name of Person	-	
	Blanco Law Firm PLLC			
	-	Firm/Company		
	1825 Ponce de Leon Blvd	501		
		Address		
	Coral Gables FL 33134			
		City/State and Zip Code		S 20
	fb@blancointl.com	to be used for future annual report notif		TARRE THE
For further information c	oncerning this matter, please co	·	ication)	2024 AUG 26 SECRETAR TALLAH
Francoise J. Blanco		305 962-0944 at ()		2024 AUG 26 PM 2: 21 SECRETARY OF STATE TALLYHASSEE, FL
Name o	f Person		: Telephone Number	2: 21 STATE
Enclosed is a check for the	ne following amount:			·
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Sectificate of Certificate of Certified Contact (additional copy)	f Status & py	
Mailing Addres	<u>s:</u>	Street Address:		

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

TO:

Registration Section
Division of Corporations

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

LECM SERVICES, LLC		
(Name of the Limited Liability Compa (A Florida Limited	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on	and assigned
Florida document number L24000296356		
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 a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	Miami, Florida, 33177	
Enter new mailing address, if applicable:	13727 SW 152 Street 601	
(Mailing address MAY BE A POST OFFICE BOX)	Miami, Florida, 33177	
B. If amending the registered agent and/or registered office :	address on our records, enter the nan	S S
agent and/or the new registered office address here:		T i i NG 26 RETAR LLAH
Name of New Registered Agent:		ताना 📥 🦿
New Registered Office Address:	Enter Florida street address	2: 21 STATE E. FL
	, Florida	111
	Citv	Zin 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 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>	Name	Address	Type of Action			
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			□Remove			
			□Change			
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specifies a de d.	:layed effec	ctive date, b	ut not an	effective ti	me, at 12:	01 a.m. or	the earli	er of: (b)	The 90t	h day after	the
August 16			,	2024	 /\						
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