# L24000312998

(Rec	questor's Name)	
(Add	lress)	_
(Ado	dress)	
(City	//State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nan	ne)
(Doc	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	Filing Officer:	
L		

Office Use Only



100442588521

01/24/25--01009--003 \*\*50.00

2025 JAN 24 AM 9: 09

4

Omeng

JAN 27 2025

D CUSHING



# **CORPORATE** ACCESS,

# When you need ACCESS to the world

INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

		WALK IN	
-	PICK UP:	MISTY 1/23	
	CERTIFIED COPY		
XX	РНОТОСОРУ		
	CUS		
XX	FILING	ILC AMEND	
l.	LEH BACCARAT, LLC (CORPORATE NAME AND DOCUMEN	T #)	
2.			
3.	(CORPORATE NAME AND DOCUMEN	Ί΄#)	PILES
	(CORPORATE NAME AND DOCUMEN	T #)	ρ, Φ
<b>l</b> .	(CORPORATE NAME AND DOCUMEN	TF#)	
õ.	(CORPORATE NAME AND DOCUMEN	Τ`#)	
õ.	(CORPORATE NAME AND DOCUMEN	T#)	<u>-</u>
SPECIA	L INSTRUCTIONS:		

# **COVER LETTER**

Tallahassee, FL 32314

TO: Registration So Division of Co					
LEH BACC	CARAT, LLC				
SUBJECT:	Name of Lin	nited Liability Company		-	
The enclosed Articles of	Amendment and fee(s) are sul	bmitted for filing.			
Please return all correspo	ondence concerning this matter	r to the following:			
	Christopher Gero Prado				
	<u> </u>	Name of Person			
	Galbraith Weatherbie Law	v, PLLC			
		Firm/Company	<del></del>	<del></del>	
	999 Vanderbilt Beach Rd.	, Ste. 509			
		Address		<del></del>	
	Naples, FL 34108			~	,
		City/State and Zip Code		2828 (	1
	carias@gwtrust.law				: :
	E-mail address:	(to be used for future annual re	port notification)	24	 - !
For further information c	oncerning this matter, please o	all:		ng mi	
Christopher Gero Prado		239 3252 at ( )	2298		· ·
Name o	f Person	Area Code	Daytime Telephone Numb	per cc	<u>.</u>
Enclosed is a check for the	ne following amount:				
■ \$25.00 Filing Fcc	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclo	Certific sed) Certific	Filing Fee, cate of Status & ed Copy nal copy is enclosed	
Mailing Addres		Street Add			
Registration S Division of C		_	ion Section of Corporations		
P.O. Box 632	-		tre of Tallahassee		

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LEH VICEROY, LLC		
(Name of the Limited Liability ( (A Florida Li	Company as it now appears on our recomited Liability Company)	ords.)
The Articles of Organization for this Limited Liability Com	npany were filed on 07/17/2024	and assigned
Florida document number L24000312998		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
The new name must be distinguishable and contain the words "Limited	I Liability Company," the designation "I	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	<u> </u>	<del></del>
	<u></u>	
		2025
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		
		12
B. If amending the registered agent and/or registered of	ffice address on our records, <u>en</u>	ter the name of the new register
agent and/or the new registered office address here:		$\mathcal{L}_{\mathcal{H}_{i}}$ $\mathcal{L}_{\mathcal{H}_{i}}$
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street add	iress
		Florida
	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	Leona E. Huff	11730 VIA SORRENTO PLACE	□ Add
		MIROMAR LAKES, FL 33913	□Remove
			☐ Change
<u> </u>			DAdd
			Remove
			Change
<del></del>			□Add
		<del>.</del>	□Remove
			Change
			□ Add
			Remove
			□Change
		·	□Add
			□Remove
			Change
	<del></del>		□Add
			□Remove
			Change

<del> </del>				
<del> </del>		12 (81)	······································	
<del></del>				
				<del></del>
				<del></del>
<del></del>	<del></del>		<del></del>	<del></del>
ffective date, if other than the difference date is listed, the date must be lote: If the date inserted in this block ocument's effective date on the Department.	e specific and cannot be price of the specific and cannot be price of the specific apple.	icable statutory filing		
record specifies a delayed effective of its filed.	late, but not an effective	time, at 12:01 a.m. on	the earlier of: (b) The 90	Oth day after the
January 20		·		
	,		a member	
$\sim$	0 1			

Filing Fee: \$25.00