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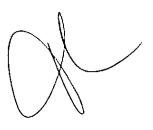
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COVER LETTER

TO:	Registration Sec Division of Corp						
cup ie.		LAW FIRM, LLC.					
SUBJE	L1:	Name of Limited Liability Company					
The enc	losed Articles of a	Amendment and fee(s) are sub	mitted for filing.				
Please re	eturn all correspon	ndence concerning this matter	to the following:				
		YAMIR LEAL JR., ESQ.					
		·	Name of Person				
		THE LEAL LAW FIRM					
Firm/Company							
5775 WATERFORD DISTRICT DRIVE, SUITE 300							
	Address						
		MIAMI, FL 33126				2024 OCT	
		-	City/State and Zip Code		÷.	, OC	- 70°C
		yamir@lawleal.com		·			, 183 . 181
		E-mail address: (to be used for future annual report notifi	ication)		-9	. 1
For furt	her information co	oncerning this matter, please c	ali:			平	ال د بسعد
YAMIF	R LEAL JR., ESQ	·	786 759-8149 at ()			հե 9։ և կ	قربيد.،
	Name of	Person	Area Code Daytime	Telephone Number		+	
Enclose	d is a check for th	e following amount:					
■ \$25	.00 Filing Fec	S30.00 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)			

TO:

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

THE LEAL LAW FIRM, LLC.	
(Name of the Limited Liability Company a (A Florida Limited Liab	ss it now appears on our records.) ility Company)
The Articles of Organization for this Limited Liability Company we Florida document number	re filed on 09/13/2024 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability	y company here:
THE LEAL LAW FIRM, PLLC.	
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 RE 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 addagent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	Enter Florida street address
	City Zip Code
	City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agree to provisions of all statutes relative to the proper and complete per accept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office adcompany has been notified in writing of this change.	rformance of my duties, and I am familiar with and vided for in Chapter 605, F.S. Or, if this document is

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

Title	<u>Name</u>	Address	Type of Action
MGR	Yamir Leal Jr., Esq.	5775 Waterford District Drive, Suite 300.	= Add
		Miami, Florida 33126	□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
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ective date, if other than the effective date is listed, the date must	be specific and cannot	be prior to date of fil	ing or more than 9	0 days after filing.)	Pursuant to 605.020
e: If the date inserted in this blo ument's effective date on the De	ck does not meet the partment of State's r	e applicable statuto ecords.	ory filing require	ments, this date v	vill not be listed a
cord specifies a delayed effective	date, but not an effe	ctive time, at 12:0	l a.m. on the ea	rlier of: (b) The	90th day after th
s filed.					
OCTOBER 2	2024	ļ			
ed		// /		_	

Filing Fee: \$25.00