

L14000031060

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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2014 MAR 10 10 30 AM  
03/10/14

B. BOSTICK

MAR 10 2014

EXAMINER

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Leading Edge 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:

Christopher Kopeccky  
Name of Person

Leading Edge LLC  
Firm/Company

720 Bayou Drive  
Address

Destin, FL 32541  
City/State and Zip Code

led@leadingedge.net  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Christopher Kopeccky at (301) 252 5911  
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/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

2006-07-10 10:02

COPIED

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

Leading Edge 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 02/24/14 and assigned Florida document number 70025709026F

This amendment is submitted to amend the following:  
L14000031060

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and end with 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)**

Enter new mailing address, if applicable:

**(Mailing address MAY BE A POST OFFICE BOX)**

**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:

Christopher Kopecky

New Registered Office Address:

720 Bayou Drive

Enter Florida street address

Destin

City

, Florida

32541

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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager  
 AMBR = Authorized Member

Title                      Name                      Address                      Type of Action

AR      Pauline Rogers      720 Bayou Drive       Add  
Destin, FL 32541       Remove

AR      ALFRED Rogers      720 Bayou Drive       Add  
Destin, FL 32541       Remove

MGR Christopher Kopycky      720 Bayou Drive       Add  
Destin FL 32541       Remove

↗  
 This name and  
 address to be only  
 AR, MGR, etc  
 to this account

\_\_\_\_\_  Add

\_\_\_\_\_  Remove

\_\_\_\_\_  Add

\_\_\_\_\_  Remove

\_\_\_\_\_  Add

\_\_\_\_\_  Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated \_\_\_\_\_



Signature of a member or authorized representative of a member

Christopher Kopecky

Typed or printed name of signee

2014 JUN 1 10 29 AM  
011111