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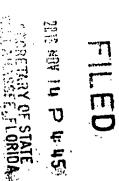
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COVER LETTER

TO:

TO: Registration Section Division of Corporations
SUBJECT: 421 Leslie Drive 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:
Craig Einhorn
Manie of Letzon
Firm/Company
31620 Pruett Rd.
31620 Pruett Rd. Address Eugene OR 97405 City/State and Zip Code Craig. einhorn@gmail.com E-mail address: (to be used for future annual report notification)
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Craig Einhorn at 541 520-9053 Name of Person Area Code Daytime Telephone Number
J Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \$\Bigcup \$55.00 Filing Fee & \$\Bigcup \$60.00 Filing Fee, \$\Bigcup \$\Bigcu
Send Mailing address: Street/Courier address:
MAILING ADDRESS: Registration Section STREET/COURIER ADDRESS: Registration Section
Division of Corporations P.O. Box 6327 Division of Corporations Clifton Building
Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

421 Leslie	Drive LI	4		
(Name of the Limited Liability (A Florida I	Company as it now appear imited Liability Company)	s on our records.)		
The Articles of Organization for this Limited Liability Co Florida document number <u>L 15 0000 9788</u>	npany were filed on	6/8/2015	and assi	gned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limit	d liability company he	<u>re</u> : • • •		
The new name must be distinguishable and contain the words "Limite Enter new principal offices address, if applicable:	d Liability Company," the de	esignation "LLC" or the a	Bireviation L.L	
(Principal office address MUST BE A STREET ADDRI	<u>SS)</u>	•	DF ST	0
Enter new mailing address, if applicable:			ATE 45	
(Mailing address MAY BE A POST OFFICE BOX)		•		
B. If amending the registered agent and/or registered agent and/or the new registered office address.	ss here:		,	f the new
Name of New Registered Agent:	riang Bak	ker Fak	i mie	
New Registered Office Address: 14	60 Rich woo Enter Flor	d Place ida street address		
	avie City	, Florida	3332. Zip Code	5_

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.

sign here *

Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager

AMBR = A	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			☐ Change
			Add
			Remove
			Change
			Remove
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Filing Fee: \$25.00