## L19000054362

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## **COVER LETTER**

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TO:

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corpo	orations		
SUBJECT: <u>Lead</u>	but Lard H	tolings LLC	
	Name of Lim	ited Liability Company	
The enclosed Articles of Ar	mendment and fee(s) are sub	mitted for filing.	
Please return all correspond	dence concerning this matter	to the following:	
	Sarah	Name of Person	<del></del> .
		Firm/Company	
		My South Ro	
	Dover	FL 33527 City/State and Zip Code	<del></del>
	Sarah e (	Netro Cleania 4/2 to be used for future annual report no	Marification)
For further information con	cerning this matter, please c	all:	
Sarah	Opliger	at (813) No 3	1929
Name of E	erson	Area Code Dayii	me 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 Se Division of Co		Street Address: Registration S Division of C	

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

Leadtoot Lard  (Name of the Limited Liability Compar (A Florida Limited L	Holdings  ny as it now appears on our records.)
The Articles of Organization for this Limited Liability Company  Florida document number <u>LIG 00005 4 3 6 2</u> .  This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
LEADFOOT LAND HOLDING	-S LLC
The new name must be distinguishable and contain the words "Limited Liabili	ity 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 a agent and/or the new registered office address here:	DOVER FL 33.52 TO TO THE NAME OF THE NEW REGISTERS OF THE NAME OF THE NA
Name of New Registered Agent:  New Registered Office Address:	Enter Florida street address  Florida
	City Zip Code
Now Dogistared Agent's Signature if changing Registered Agent:	

## New Registered Agent's Signature, it 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:

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□Remove
			□Change
			□Add
			□Remove
			□Change
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	t be specific and	cannot be prior to	o date of filing or r	nore than 90 days	after filing.) Put	rsuant to I not be	605.02 listed
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