

L24000059078

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

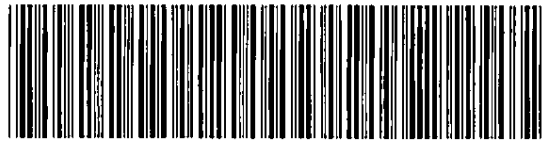
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Wmills

Office Use Only



900424522109

02/23/24 -01021--015 ♦\$25.00

02/23/24 11:11 AM

February 20th, 2024.

To whom this may concern;

I, Cristhian Leon, am the manager of Leon's Remodeling LLC, Florida document number L2400005978, I am writing this letter to you regarding the amendment attached to this letter, I need to change the manager's name to my name Cristhian Leon, removing Yilianne Gonzalez as a manager, Yilianne Gonzalez is my authorized member only.

Also, I am changing the business address and business mailing address to:

4522 W. Village Dr. #6105. Tampa, FL 33624.

A \$25 money order is attached to this letter as well.

I can be reached at 813-784-4868 or Yilianne Gonzalez at 813-240-8187.

My email: tpaleonsremodeling@gmail.com.

Thank you

Sincerely;

A handwritten signature in black ink, consisting of the letters 'CL' in a stylized, cursive-like font.

Cristhian Leon

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Leon's Remodeling 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:

Cristhian Leon

Name of Person

Leon's Remodeling LLC

Firm/Company

4522 W Village Dr. #6105.

Address

Tampa, FL 33624

City/State and Zip Code

tpalconsremodeling@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Yilianne Gonzalez

813 240-8187
at ()

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 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**

Leon's Remodeling 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 02-01-2024 and assigned
Florida document number L24000059078.

This amendment is submitted to amend the following:

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

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:

4522 W Village Dr. #6105. Tampa, FL 33624

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

4522 W Village Dr. #6105. Tampa, FL 33624

(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:

Cristhian Leon

New Registered Office Address:

4522 W Village Dr. #6105.

Enter Florida street address

Tampa

City

Florida ^{FL}

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.

CL

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>	<u>Address</u>	<u>Type of Action</u>
MGR	Cristhian Leon	14107 Knoll Ridge Dr. Tampa, FL 33625	☒ Add
			☐ Remove
			☐ Change
MGR	Yilianne Gonzalez	14107 Knoll Ridge Dr. Tampa, FL 33625	☐ Add
			☒ Remove
			☐ Change
AMBR	Yilianne Gonzalez	14107 Knoll Ridge Dr. Tampa, FL 33625	☒ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Signature of a member or authorized representative of a member

Typed or printed name of signee