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SECRETARY OF STAIL
IALLAHASSEE, FLIGHT

COVER LETTER

TO: Amendment Section Division of Corporations

. . .

NAME OF CORE	ORATION: LEESBURG PAR	FNERSHIP, INC.				
DOCUMENT NU	8.94000003076	** *				
The enclosed Artic	les of Amendment and fee are su	bmitted for filing.				
Please return all co	rrespondence concerning this ma	tter to the following:				
	MICHELLE FRAZER					
	Name of Contact Person					
	LEESBURG PARTNERSHIP, INC.					
		Firm/ Company	· · · · · · · · · · · · · · · · · · ·			
	401 W. MAGNOLIA AVE.					
		Address				
	LEESBURG, FL 34748					
		City/ State and Zip Cod	e			
	FINANCE@LEESBURGPA	RTNERSHIP.COM				
	E-mail address: (to be us	sed for future annual report	notification)			
For further informa	ation concerning this matter, plea	se call:				
MICHELLE FRA	CER	at (365-0053			
Name of Contact Person		Area Co	de & Daytime Telephone Number			
Enclosed is a check	for the following amount made	payable to the Florida Dep	artment of State:			
S35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)			
, I I	Aailing Address Amendment Section Division of Corporations 2.O. Box 6327 'allahassee, FL 32314	Amend Division The C 2415 i	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 ussee, FL 32303			

Articles of Amendment to Articles of Incorporation of

FILED

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LEESBURG PARTNERSHIP, INC.	SECRETARY OF STATE
(Name of Corporation a	is currently filed with the Florida Dept. of State)
N94000003076	
(Document	Number of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Stats Articles of Incorporation:	ntutes, this Florida Profit Corporation adopts the following amendment(s
A. If amending name, enter the new name of the corpo	gration:
	The new
name must be distinguishable and contain the word "corpo" "Inc.," or Co.," or the designation "Corp." "Inc," or "chartered," "professional association," or the abbreviat	oration," "company," or "incorporated" or the abbreviation "Corp.," ""Co" — A professional corporation name must contain the word
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRE</u>	ESS)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	· · · · · · · · · · · · · · · · · · ·
D. If amending the registered agent and/or registered new registered agent and/or the new registered offi	
Name of New Registered Agent	
	(Florida su cer address)
Care Buria and 1/100 and 1/1 land	, Florida
New Registered Office Address:	(City) (Zip Code)
New Registered Agent's Signature, if changing Registe I hereby accept the appointment as registered agent. I ar	ered Agent: on familiar with and accept the obligations of the position.
Sionatur	e of New Registered Agent, if changing
to gradient	- A

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c). F.S.

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

٠. •

Example:

Please note the officer/director title by the first letter of the office title:

 $P = President; \ V = Vice President; \ T = Treasurer; \ S = Secretary; \ D = Director; \ TR = Trustee; \ C = Chairman or Clerk, CEO = Chief Executive Officer; CFO = Chief Financial Officer, If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.$

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	<u>PT</u>	John Doe		
X Remove	<u>v</u>	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s	
1) Change	PP	SANDY STOKES	1035 W DIXIE AVE	
Add			LEESBURG, FL 34748	
X Remove				
2) X Change	PP	LENA WILLIAMS	PO BOX 490043	
Add			LEESBURG, FL 34749-0043	
Remove 3) X Change	P	ROBERT BOLIEK	401 W MAGNOLIA AVE	
Add			LEESBURG, FL 34748	
Remove				
4) X Change	<u>V</u>	AMANDA WETTSTEIN	401 W MAGNOLIA AVE	
Add			LEESBURG, FL 34748	
Remove				
5) Change	<u>S</u>	CINDI FALANGA	401 W MAGNOLIA AVE	
X Add			LEESBURG, FL 34748	
Remove				
6) Change				
Add				
Remove				

	OCTOBER 1, 2021		
The date of each amendment(s) add	option:		, if other than the
date this document was signed.			
Effective date <u>if applicable</u> :			
	(no more than 90	days after amendment file date)	
Note: If the date inserted in this blo document's effective date on the Dep	• •	ble statutory filing requirements, this date wil	l not be listed as t
Adoption of Amendment(s)	(CHECK ONE)		
The amendment(s) was/were adop action was not required.	ted by the incorporators, or bo	ard of directors without shareholder action and	i shareholder
☐ The amendment(s) was/were adop by the shareholders was/were suff		number of votes cast for the amendment(s)	
must be separately provided for e	ach voting group entitled to vo	igh voting groups. The following statement title separately on the amendment(s):	
"The number of votes cast fo	or the amendment(s) was/were	sufficient for approval	
by	(voting group)		
	(vonng group)		
OCTOBER 2	28. 2021		
Dated	20, 2021		
Signature			
(By a dir	ector president or other office	r - if directors or officers have not been	
		hands of a receiver, trustee, or other court	
	d fiduciary by that fiduciary)	. ,	
	μΛ		
-	(Typed or printed na	In signing)	
-	The of parties sign	iden of EX Bo	AKd

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