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## **COVER LETTER**

TO: Registration So Division of Cor			
Leap New	Tampa, L.C		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	indence concerning this matter	to the following:	
	Chif Levy		
		Name of Person	<del></del>
	Leap New Tampa, L.C		
		Firm/Company	
	3641 W. Kenndy Blvd., Su	tite A	
		Address	
	Tampa, FL 33609		
		City/State and Zip Code	······································
	Accountingta leise.com  F-mail address: tt	o be used for future annua	Treport notification)
For further information c	concerning this matter, please ca		·
Johna O'Hara		813 3.	53-2220 x1002
Name o	of Person	Area Code	Daytime Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25,00 Filing Fee	II \$30,00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee Certified Copy (additional copy is er	Certificate of Status &
<u>Mailing Addres</u> Registration S		<u>Street A</u> Registi	address: ration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

Leap New Tampa, L.C		
(Name of the Limited Lial tX Flor	bility Company as it now appears on our recorda Limited Liability Company)	rds.)
The Articles of Organization for this Limited Liability Florida document number 1.00000001538		and assigned
This amendment is submitted to amend the following:	:	
A. If amending name, enter the new name of the li	imited liability company here:	
The new name must be distinguishable and contain the words "I	imited Liability Company," the designation "Lt	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADd	DRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register agent and/or the new registered office address here		r the name of the new register
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addr	(35)
		lorida
	Cin:	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 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>	Address	Type of Action
MGR	Jordan Levy	3641 W. Kennedy Blvd	■Add
		Suite A	□Remove
		Tampa, Fl. 33609	
MGR	Grant Levy	3641 W. Kennedy Blvd	
		Suite A	
		Tampa, FL 33609	
MGR	Shayla Levy	3641 W. Kennedy Blvd	
		Suite A	
		Tampa, FL 33609	
MGR	Casey Ahern	3641 W. Kennedy Blvd	_
		Sune A	
		Tampa, FL 33609	□Change
			□Remove
			□Change
			□Remove
			□Ch

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If an effective d <u>Note:</u>   11 the i	te, if other the late is listed, the c date inserted in effective date or	date must be spe i this block doc	cific and cann es not meet t	ot be prior to the applicabl				g.) Pursuant to 6	
e record speci rd is filed.	ities a delayed o	effective date.	but not an e	ffective time	r. at 12:01 a.i	n. on the earl	ier of: (b)	The 90th day at	ier the
April'	<u> </u>		20 1	124					
Dated <u>April</u>	<u>,                                    </u>	1 1	$\Lambda$			$\widehat{}$			

Typed or printed name of signee