

L 000 000 01 538

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

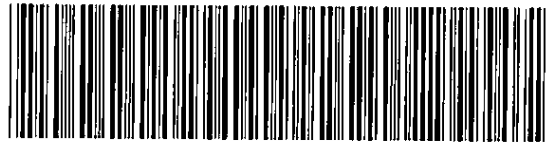
(Business Entity Name)

(Document Number)

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05/03/24--01018--017 \*\*25.00

FILED  
24 MAY -3 AM 11:07  
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Leap New Tampa, L.C.  
\_\_\_\_\_  
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:

Cliff Levy

\_\_\_\_\_  
Name of Person

Leap New Tampa, L.C.

\_\_\_\_\_  
Firm/Company

3641 W. Kennedy Blvd., Suite A

\_\_\_\_\_  
Address

Tampa, FL 33609

\_\_\_\_\_  
City/State and Zip Code

Accounting@leise.com

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

For further information concerning this matter, please call:

Johna O'Hara

813

353-2220 x1002

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

Leap New Tampa, L.C.

**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	Jordan Levy	3641 W. Kennedy Blvd	<input checked="" type="checkbox"/> Add
		Suite A	<input type="checkbox"/> Remove
		Tampa, FL 33609	<input type="checkbox"/> Change
MGR	Grant Levy	3641 W. Kennedy Blvd	<input checked="" type="checkbox"/> Add
		Suite A	<input type="checkbox"/> Remove
		Tampa, FL 33609	<input type="checkbox"/> Change
MGR	Shayla Levy	3641 W. Kennedy Blvd	<input checked="" type="checkbox"/> Add
		Suite A	<input type="checkbox"/> Remove
		Tampa, FL 33609	<input type="checkbox"/> Change
MGR	Casey Ahern	3641 W. Kennedy Blvd	<input checked="" type="checkbox"/> Add
		Suite A	<input type="checkbox"/> Remove
		Tampa, FL 33609	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(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.

April 11

2024

Signature of a member or authorized representative of a member

Cliff Levy

Typed or printed name of signee

**Filing Fee: \$25.00**