

LC55000095871

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

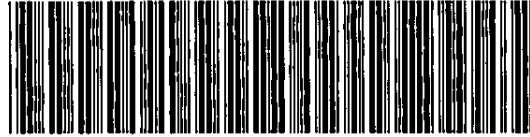
(Business Entity Name)

(Document Number)

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J. Shivers JAN 13 2015

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TALLAHASSEE, FLORIDA

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December 29, 2014

FEDERAL EXPRESS

Department of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: Leon and Leon of Indian River, LLC

Dear Sir:

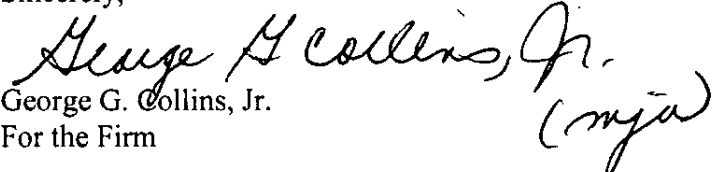
Enclosed please find an original and one conformed copy of the Articles of Amendment to Articles of Organization for the above named limited liability corporation. I would appreciate your filing the original with your office and returning the conformed copy, with your Certificate attached together with a Certificate of Status, to this office.

I am also enclosing our check in the amount of \$60.00 covering the following:

Filing Fee	\$25.00
Certified Copy	30.00
Certificate of Status	5.00

Thank you for your consideration in this matter, and I enclose a return Federal Express envelope for your convenience in returning the documents to me.

Sincerely,


George G. Collins, Jr.
For the Firm

GGC, JR./mja
Enclosures

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

LEON AND LEON OF INDIAN RIVER, 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 October 6, 2005 and assigned Florida document number L05000099871.

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 end with the words "Limited Liability 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 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: _____

New Registered Office Address: _____

Enter Florida street address

_____, Florida

City

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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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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>
MGRM	Leon, Jane G.	1839 Beyer Ave., Apt. B	<input type="checkbox"/> Add
		Philadelphia, PA 19115	<input checked="" type="checkbox"/> Remove
Member	Leon, Michelle	1839 Beyer Ave., Apt. A	<input type="checkbox"/> Add
		Philadelphia, PA 19115	<input checked="" type="checkbox"/> Remove
MGR	Leon, Jane G.	1839 Beyer Ave., Apt. B.	<input checked="" type="checkbox"/> Add
		Philadelphia, PA 19115	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 12-17-14, _____.

Jane G. Leon

Signature of a member or authorized representative of a member

Jane G. Leon

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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