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# **COVER LETTER**

Division of Corporatio	ns		
SUBJECT: LEAP D	F FAITh ( Name of Limite	Construction	
The enclosed Articles of Amendo	ment and fee(s) are subm	itted for filing.	
Please return all correspondence	concerning this matter to	the following:	
2	teue w	PAR to N Name of Person	
. —		Firm/Company	
2	886 DAI	WK-INS St.	
	Derson,	City/State and Zip Code	<b>a</b>
Ec	1 CMUCDE OF E-mail address: (to	be used for future annual report notifica	tion)
For further information concerni	ng this matter, please call	ł:	
Steve W. BARTA Name of Person	<u>(16)</u>	at ( <u>\$50</u> ) <u>658 – F</u> Area Code Daytime To	1963 elephone Number
Enclosed is a check for the follow	wing amount:		
	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:

TO:

**Registration Section** 

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

### STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed on  $3-1-2001_0$  and assigned Florida document number LD6 pp00 22329 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: (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

### 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
AMBR	Joe Terry	1113 DARFMARTA PIFCE	DAdd
		1113 DARFMORTH PIFCE Panama City, FZ. 32404	Bemove
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Filing Fee: \$25.00