

L 06000099654

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

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TALLAHASSEE, FLORIDA

APR 12 2017

Y SULKER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 30, 2017

STEVEN P HOURIGAN
3763 OVERLOOK DRIVE
TALLAHASSEE, FL 32311

SUBJECT: LES PROPERTIES, L.L.C.
Ref. Number: L06000099654

2017 APR 10 PM 3:22
FACILITY: TALLAHASSEE, FLORIDA

We have received your document for LES PROPERTIES, L.L.C. and your check(s) totaling \$514.25. However, the document has not been filed and is being retained in this office for the following:

There is a balance due of \$27.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yasemin Y Sulker
Regulatory Specialist II

Letter Number: 117A00006171

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LES Properties, L.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:

Steven P. Hourigan
Name of Person

LES Properties of Tallahassee, L.L.C.
Firm/Company

3763 Overlook Drive
Address

Tallahassee, FL 32311
City/State and Zip Code

sthourigan@nettally.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Steven P. Hourigan at (850) 509-7638
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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

LES Properties, L.L.C.

(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 12, 2006 and assigned Florida document number L06000099654.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

LES Properties of Tallahassee, L.L.C.

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)

3763 Overlook Dr

Tallahassee, FL 32311

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3763 Overlook Dr.

Tallahassee, FL 32311

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:

Steven P. Hourigan

New Registered Office Address:

3763 Overlook Dr.

Enter Florida street address

Tallahassee

City

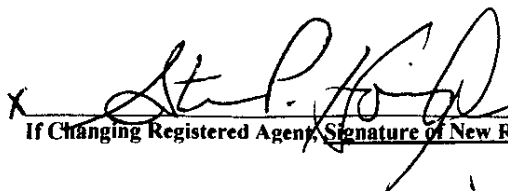
Florida

32311

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.

x 

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	Steven P. Hourigan	3763 Overlook Dr	<input checked="" type="checkbox"/> Add
		Tallahassee, FL	<input type="checkbox"/> Remove
		32311	<input type="checkbox"/> Change
MGR	Lisa V. Hourigan	3763 Overlook Dr	<input checked="" type="checkbox"/> Add
		Tallahassee, FL	<input type="checkbox"/> Remove
		32311	<input type="checkbox"/> Change
AMBR	Erin S. Hourigan	3763 Overlook Dr.	<input checked="" type="checkbox"/> Add
		Tallahassee, FL	<input type="checkbox"/> Remove
		32311	<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


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TALLAHASSEE, FLORIDA

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SOUTHWEST FLORIDA

(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) **Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated 3/24, 2017.

X  Signature of a member or authorized representative of a member

Steven P. Hourigan
Typed or printed name of signer