

208000003343

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

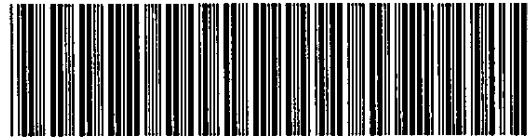
(Business Entity Name)

(Document Number)

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02/13/18--01010--016 **25.00

2018 FEB 13 PM 3:42
J. HARRIS

FEB 14 2019
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Leisure LAKES PARK, LLC
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:

Logan J. Moore
Name of Person
Leisure Lakes Park, LLC
Firm/Company
5565 W. NINE MILE ROAD
Address
PENSACOLA, FLORIDA 32526
City/State and Zip Code
Loganmr4@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Logan J. Moore at 850 941-4030
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

Leisure LAKES PARK, 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 1/10/2008 and assigned
Florida document number 208000003343

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)

5565 WEST NINE MILE ROAD
PENSACOLA, FLORIDA 32526

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:

5565 WEST NINE MILE ROAD

Enter Florida street address

PENSACOLA

City

Florida

32526

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

Title	Name	Address	Type of Action
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MGR-M	Logan J. Moore	5565 WEST NINE MILE ROAD Pensacola, Florida 32526	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
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MGR-M	CANVASBACK 2005 TRUST CO-TRUSTEE JEREMY MOORE	5565 WEST NINE MILE ROAD PENSACOLA, FLORIDA 32526	<input checked="" type="checkbox"/> Change ^{new address} <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
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~~★ OLD ADDRESS~~ 6671 NORTH Palafox St.
Pensacola, FL 32524

			<input type="checkbox"/> Add <input type="checkbox"/> Remove <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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2014 FEB 03 PM 3:43
FEB 03 2014

[illegible]

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.

(b) The 90th day after the record is filed.

✓ _____
Signature of a member or authorized representative of a member

✓ _____
Jeremy Moore
Typed or printed name of signee

200 FEB 19 PM 6:42