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SECRETARY OF STATE
DIVISION OF CORPORATIONS

T. HAMPTON

JUN - 8 2009

EXAMINER

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: LEITO AND ASSOCIATES 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:
LEON H. HERNANDEZ.  Name of Person
LEITO AND ASSOCIATES, LCC.
4150 NW 7 ST # 102
MiAMi Fl 33126 City/State and Zip Code
E-mail address: (to be used to future annual report notification)
For further information concerning this matter, please call:
LEOUTE   AnELAS at (305) 200 - 59 49  Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$ \$25.00 Filing Fee & \text{Certified Copy} (additional copy is enclosed)}\$\$ \$\ \text{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**

LETTO AND	1000	ALES	,cc.			٠.
(Name of the Limited L (A F	<b>ability Company</b> Iorida Limited Lia	as it now appobility Company	ears on our record	<u>ls.</u> )		0
The Articles of Organization for this Limited Liab Florida document number 6000000000000000000000000000000000000		ere filed on <u></u>	March 07,	<b>2008</b> an	d <b>æ</b> igr <b>× -5</b>	SECRETARY SECRETARY IVISIBLE OF C
This amendment is submitted to amend the follow  A. If amending name, enter the new name of the	_	ty company h	iere:		PH 2: 01	ED OF STATE ORPORATIONS
The new name must be distinguishable and end with t "L.L.C."	he words "Limited	d Liability Com	npany," the designa	ntion "LLC" or	the abb	reviation
Enter new principal offices address, if applicab		4150 Mian	NW7	st ∈ 33 20	ज्यो <u>ह</u>	105
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	0 <i>X</i> 0		S¥	the.		
B. If amending the registered agent and/or registered agent and/or the new registered office	registered offic	e address or	our records, <u>e</u>	nter the na	me of	the new
Name of New Registered Agent:	ΔI ·	PDro	HERWA	mes	<u> </u>	<u>.</u>
New Registered Office Address:	<u>4150</u>	<u>NW</u>	Enter Florida stre	eet address		
	MiA	City	, Flori		2C Code	<u> </u>
New Registered Agent's Signature if changing Res	gistered 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 608, 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

or Managing Member being added or removed from our records: MGR = Manager MGRM = Managing Member **Title** Type of Action Name Address HGR ☐ Add Remove Remove □ Add ☐ Remove Add Remove  $\square$ Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager

Page 2 of 2

Filing Fee: \$25.00