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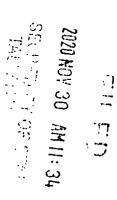
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## **COVER LETTER**

TO:

Registration Section Division of Corporations

LEIGHE D	NVESTMENTS LIMITED LIA	ABILITY COMPANY
SUBJECT:	Name of Lim	ited Liability Company
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.
Please return all correspo	ondence concerning this matter	to the following:
	Rita Jackman, Esquire	
		Name of Person
	Powell, Jackman, Stevens	& Ricciardi, P.A.
		Firm/Company
	12381 S. Cleveland Avenu	ie, Suite 200
		Address
	Fort Myers, Florida 33907	
		City/State and Zip Code
	legal@your-advocates.org	
	E-mail address: (	to be used for future annual report notification)
For further information c	oncerning this matter, please c	aff:
Rita Jackman		239 689-1096 at ()
Name o	of Person	Area Code Daytime Telephone Number
Enclosed is a check for the	he following amount:	
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed)
Mailing Address Registration S Division of C P.O. Box 632	Section Corporations	Street Address: Registration Section Division of Corporations The Centre of Tallahassee
Tallahassee,	FL 32314	2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

## LEIGHL INVESTMENTS LIMITED LIABILITY COMPANY

(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  $\frac{07/15/2008}{}$ and assigned Florida document number 1.08000068412 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 registere agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City 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
MGRM	Malkit Leighl	492 Richey Crescent	□Add
		MISSISSAUGA ONTARIO. CA L5G1N-4	
			Change
MGR	Prakash K. Leighl	492 Richey Crescent	□Add
		MISSISSAUGA ONTARIO. CA L5GIN-4	
			□ Change
MGR	Leighl Investments Inc.	492 Rickey Crescent	■Add
		MISSISSAUGA ONTARIO, CA L5GIN-4	□Remove
			□Change
			□Add
			□Remove
			□ Change
			□Add
			Remove
			Change
		<del>.</del>	□Add
		<u> </u>	□Remove
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Effective date, if other than the d	ate of filing:			(optional)	
Con affective date to the date with the	e specific and carmot	be prior to date of file	ling or more than 90 d	eys after filing.) Pursuant to (	505.0207
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Note: If the date inserted in this bloc document's effective date on the Dep	anument of State 8				
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Note: If the date inserted in this bloc			01 a.m. on the carli	er of: (b) The 90th day a	fler the
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Filing Fee: \$25.00