

L1000049157

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

(Business Entity Name)

(Document Number)

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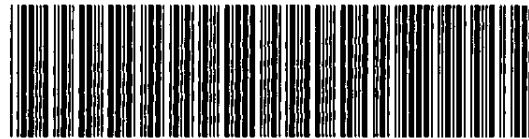
Special Instructions to Filing Officer:

**A. LUNT**

DEC 10 2010

**EXAMINER**

Office Use Only



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12/09/10--01024--014 \*\*60.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2010 DEC -9 AM 11:22

FILED

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Leal Investments 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:

Epimenio Leal Jr

Name of Person

Leal Tires&Wheels

Firm/Company

2030 Ortiz ave

Address

Fort Myers , Fl 33905

City/State and Zip Code

www.Trsnwhls@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Epimenio Leal Jr

Name of Person

at ( 239 )

337-3400

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**

**Leal Investments 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 5/06/2010

Florida document number L10000049157

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2010 DEC -9 AM 11:22

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This amendment is submitted to amend the following:

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

**LEAL INVESTMENTS LLC**

The new name must be distinguishable and end with 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)**

1871 ORTIZ AVE

FORT MYERS FLORIDA

Enter new mailing address, if applicable:

**(Mailing address MAY BE A POST OFFICE BOX)**

2030 ORTIZ AVE

FORT MYERS FLORIDA

**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:

EPIMENIO LEAL

New Registered Office Address:

2030 ORTIZ AVE

*Enter Florida street address*

FORT MYERS

Florida

33905

*City*

*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 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.*

*[Signature]*  
If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

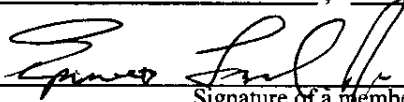
MGR = Manager  
MGRM = Managing Member

Title	Name	Address	Type of Action
OWNER	EPIMENIO LEAL	2030 ORTIZ AVE FORT MYERS FL 33905	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MANAG	DIANE LEAL	4739 22ND ST SW LEHIGH ACRES FL 33973	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MANAG	REY GARCIA	REY GARCIA 2424 MILTON AVE S LEHIGH ACRES FL 33973	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated DECEMBER 6, 2010

  
Signature of a member or authorized representative of a member  
Epimenio Leal Jr  
Typed or printed name of signee

2010 DEC 14 AM 11:28  
FILED  
STATE OF FLORIDA  
TALLAHASSEE