

L100000078385

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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FILED
16 MAR 24 PM 3:30
TALLAHASSEE, FLORIDA

MAR 25 2016

✓ SULKER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LEROGA II 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:

Gina Tuten
Name of Person

Firm/Company

13021 McIntosh Lakes Ln
Address

DOVER FL 33527
City/State and Zip Code

Todd33178@AOL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Todd Owen at (813) 541-6302
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

**TO
ARTICLES OF ORGANIZATION
OF**

(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 July 26 2010 and assigned Florida document number L10000678385.

This amendment is submitted to amend the following:

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

N/A

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:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A

(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 registered agent and/or the new registered office address here:

Name of New Registered Agent:

N/A

New Registered Office Address:

N/A

Enter Florida street address

_____, Florida

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 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.

N/A

If Changing Registered Agent, Signature of New Registered Agent

or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
mGRm	DAVID Chmura	695 E. Christina Blvd	<input checked="" type="checkbox"/> Add
		LAKeland FL 33813	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
mGRm	KATHleen Chmura	695 E. Christina Blvd.	<input checked="" type="checkbox"/> Add
		Lakeland FL 33813	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
member	MARVIN GAY	801 26 th Ave North	<input checked="" type="checkbox"/> Add
		ST. Pete FL 33704	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
member	Leslie GAY	801 26 th Ave. North	<input checked="" type="checkbox"/> Add
		ST Pete FL 33704	<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

16 MAR 2014 PM 3:30
FALL HARBOR, FLORIDA

Member interest will be as Follow =

Todd Owen 24.75%

Gina Tate 24.75%

DAVID CHMURA 24.75%

Kathleen Chmura 24.75%

MARVIN GAY .50%

Leslie GAY .50%

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CLERK OF COURT
FLORIDA

E. Effective date, if other than the date of filing: March 22, 2016 (optional)

(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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

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

Dated March 18, 2016.

Todd Owen

Signature of a member or authorized representative of a member

Todd Owen

Typed or printed name of signee