

L10000079830

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(Address)

(Address)

(City/State/Zip/Phone #)

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2010 OCT -1 AM 12:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS
OCT 4 2010
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SAN LEON VILLAGE 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 Adjodha
Name of Person

SAN LEON VILLAGE LLC
Firm/Company

3851 N OCEAN BLVD #308
Address

GULF STREAM FL 33483
City/State and Zip Code

ladjodha@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Leon Adjodha at (707) 333-1737
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

FILED

2010 OCT -1 AM 12:20

SAN LEON VILLAGE LLC

(Name of the Limited Liability Company as it now appears on our records)
(A Florida Limited Liability Company)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 7/29/2010 and assigned
Florida document number L10000079830.

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 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)

3851 N OCEAN BLVD
#308
GULF STREAM, FL 33483

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3851 N OCEAN BLVD
#308
GULF STREAM FL 33483

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:

Leon Adjodha

New Registered Office Address:

3851 N OCEAN BLVD #308
Enter Florida street address
GULF STREAM, Florida 33483
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.

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
MGRM	Michael O'HANLON	1692 CYPRESS TERRACE COURT WEST PALM BEACH FL 33411	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Laura Mendelson	1692 CYPRESS TERRACE COURT WEST PALM BEACH FL 33411	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Leon Adjodha	3851 N OCEAN BLVD #308 GULF STREAM FL 33483	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	SIM ASSOCIATES	305 CHESTNUT ST Suite 300 Philadelphia, PA 19106	<input checked="" 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

9/25/

2019

Signature of a member or authorized representative of a member

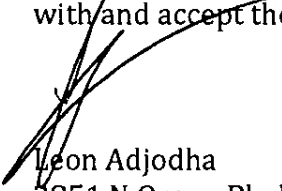
LEON ADJODHA

Typed or printed name of signee

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

September 28th 2010

We are changing the registered agent. I accept the appointment and I am familiar with and accept the obligations of the position. Thank you.


Leon Adjodha
3851 N Ocean Blvd. #308
Gulf Stream, FL 33484

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2010 OCT -1 AM 12:31
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TALLAHASSEE, FLORIDA