## L10000118780

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
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SECRETARY OF STATE DIVISION OF CORPORATION

C. LEWIS

SEP 14 2012

EXAMINER



## FLORIDA DEPARTMENT OF STATE Division of Corporations

September 14, 2012

BRIAN K. LEGGETT / LEGGETT ENTERPRISES, LLC 495 GRAND BLVD. #206 MIRAMAR BEACH, FL 32550

SUBJECT: LEGGETT ENTERPRISES LLC

Ref. Number: L10000118780

We have received your document for LEGGETT ENTERPRISES LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 812A00023216

Carolyn Lewis
Regulatory Specialist II
Registration/Qualification Section

www.sunbiz.org

## **COVER LETTER**

TO: Registration S  Division of Co														
SUBJECT:	Leggett E	Enterprises, LLC												
	Name of Limi	Name of Limited Liability Company												
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.												
Please return all corresp	ondence concerning this matter	to the following:												
	Brian K. Leggett													
Name of Person														
Leggett Enterprises, LLC														
495 Grand Boulevard #206  Address  Miramar Beach, FL 32550  City/State and Zip Code														
								bleggett@LeggettEnterprises.com  E-mail address: (to be used for future annual report notification)						
							For further information	concerning this matter, please of	eall:					
							Brian K. Leggett		at (678) 3	57-5111				
							Name of Person		at ( 678 ) 357-5111  Area Code & Daytime Telephone Number					
Enclosed is a check for	the following amount:													
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)											

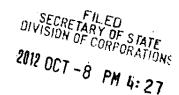
MAILING ADDRESS:

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



Le	eggett Ente	rprises, LLC			
(Name of the Limited )	Jability Compa	ny as it gow appea Liability Company)	rs on our records.)	<del> </del>	
The Articles of Organization for this Limited Lia	were filed on	11-15-2010	and assigned		
Florida document numberL10000118	780				
		·	•	•	
This amendment is submitted to amend the follow	wing:			·	
A. If amending name, enter the new name of	the limited liab	ility company her	·e:		
			A.		
The new name must be distinguishable and end with	the words "Limi	ted Liability Comps	nv " the designation "I	I C'" or the abbreviation	
"LLC."	(, 0, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,		irry; tare woodgraater. I		
Enter new principal offices address, if applical	495 Grand Boulevard				
(Principal office address MUST BE A STREET ADDRESS)		#206			
		Mirimar Beach, FL 32550			
Enter new mailing address, if applicable:	13800 Panama City Beach				
(Mailing address MAY BE A POST OFFICE B	#361				
	Panama City Beach, FL 32407				
		<del></del>			
B. If amending the registered agent and/or			our records, <u>enter t</u>	he name of the new	
registered agent and/or the new registered off	ce address her	Q:			
•	Den	- M			
Name of New Registered Agent:	KEgu	5 // ALLA	BEMENT D	pour LLC	
New Registered Office Address: 495 Grand Boulevard #206					
	Enter Florida street address				
Mic		imar Beach	Fiorida	32550	
		City		Zip Code	

New Registered Agent's Signature, if changing Registered Agents

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** Brian K. Leggett 495 Grand Boulevard √ Add Remove #206 Mirimar Beach, FL 32550 **Brandon Murray MGRM** 5200 N.W. 43rd Street ☐ Add Suite #102, #270 ▼ Remove Gainsville, FL 32606 ☐ Add Remove Add Remove Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) September 12 2012 Dated Signature of a member or authorized opresentative of a member Brian K. Leggett Typed or printed name of signee

Page 2 of 2

**Filing Fee: \$25.00**