

L10000129251

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

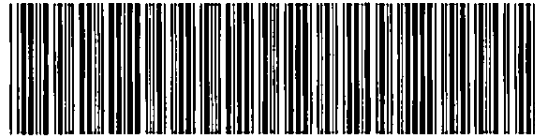
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
18 SEP 24 AM 5:41

N. COOPER

SEP 27 2018

COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: Leone Investment Properties, 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:

Robert V. Leone

Name of Person

Leone Investment Properties, LLC

Firm/Company

2211 Ashley Oaks Cir

Address

Wesley Chapel, FL 33544

City/State and Zip Code

rlonee@accurateadvisory.com

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

For further information concerning this matter, please call:

Robert V. Leone

813 215-7783

at ()

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

Page 1 of 3

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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>	<u>Address</u>	<u>Type of Action</u>
MGRM	The Leone Family Trust Dated 6/13/2004	2211 Ashley Oaks Cir Wesley Chapel, FL 33544	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	The Leone Family Trust Dated 3/21/2012	2211 Ashkey Oaks Cir Wesley Chapel, FL 33544	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Robert V. Leone	2211 Ashley Oaks Cir Wesley Chapel, FL 33544	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Stephen Leone	2211 Ashley Oaks Cir Wesley Chapel, FL 33544	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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Effective date, if other than the date of filing: _____ (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.

Dated 9/20, 2018

Robert V. Lane, member
Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Robert V. Leone

Typed or printed name of signee