#L11000017597

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
<u> </u>
Special Instructions to Filing Officer:





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13 M.R. -8 JM II: 21

K.SALY EXAMINER MAR 11 2013

COVER LETTER

TO:

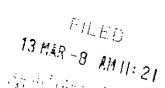
Registration Section

Tallahassee, Florida 32301

CR2E079 (5/06)

Division of Corporations	
SUBJECT: Leala LLC (Name of Limited Liability Company)	
(rame of samples)	
The enclosed member, managing member or manager resignation and fee(s) are stilling.	ubmitted for
Please return all correspondence concerning this matter to:	
Christina Pettys (Contact Person)	
Impact Tay & Accounting Inc	
(Firm/Company) 8404 PCBlach Fl 324107 (Address)	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
to further information concerning this matter, pieuse cuit.	
(Name of Contact Person) at (SO), 235.62 (Area Code & Daytime Telephone N	Vumber)
Englaced places find a shock made payable to the Floride Department of State for	
Enclosed please find a check made payable to the Florida Department of State for \$25 Filing Fee \$\square\$ \$\$\$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$	•
Certified Copy	
STREET/COURIER ADDRESS: MAILING ADDRES	SS:
Registration Section Registration Section	
Division of Corporations Division of Corporati	ons
Clifton Building P.O. Box 6327	
2661 Executive Center Circle Tallabassee Florida 3	12314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



			AL ALASSEE PLOMINA
<u>Leala l</u>	LLC		
(Name of the Limited Liabil (A Florid	<mark>ity Company as it</mark> a Limited Liability	now appears on our reco	ords.)
	0	2- 8 - -2	2011
The Articles of Organization for this Limited Liability Florida document number #1/100001759	Company were I	iled on A U-A	and assigned
Florida document number <u>21100001/37</u>			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the li	mited liability co	ompany here:	
The new name must be distinguishable and end with the w "L.L.C."	vords "Limited Lia	bility Company," the desig	nation "LLC" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADD	DRESS)	·	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or reg registered agent and/or the new registered office ac		ldress on our records,	enter the name of the new
Name of New Registered Agent:			
New Registered Office Address:			
		Enter Florida s	treet address
		, Flo	orida
	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

<u>Title</u>	Name	<u>Address</u>	Type of Action
Mgrm	Cristina Sincu	212 Dagwood St A	Add
J		212 Dogwood St A Panama City Beach, FL 3241	Remove
Myrm	Orit Nof	4402 Circly Lane	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Ü		Lynn Haven, FL 3244	Remove
		3244	Add
			Remove
			Add
			Remove
			Add
			Remove
			
			Remove

. If an	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
ated _	3.1 2013.
	/ /
	Signature of a member or authorized representative of a member
	DRIT NOF
	Typed or printed name of signee

Page 3 of 3

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