

L11000037632

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

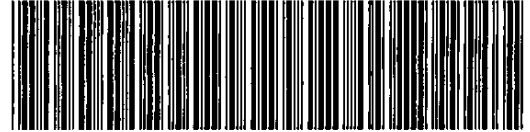
(Business Entity Name)

(Document Number)

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2011 DEC -5 AM 9:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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J. SAULSBERRY
EXAMINER

DEC 7 2011

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: LEO Professional Courtesy Cards, 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:

Ronni Kownack

Name of Person

LEO Professional Courtesy Cards, LLC

Firm/Company

1315 Runningbrook Ct

Address

Jacksonville, FL, 32225

City/State and Zip Code

sales@leoprocards.com

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

Ronni Kownack

Name of Person

at (904)

629-0557

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

Nov 28 11:00a

Brian

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LEO Professional Courtesy Cards, LLC

(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 August 4th, 2011 and assigned Florida document number L11000037632

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)

1315 Runningbrook Ct

Jacksonville, FL, 32225

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1315 Runningbrook Ct

Jacksonville, FL, 32225

B. If amending the registered agent and/or registered office address on our records, enter the names of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Ronni Kownack

New Registered Office Address:

1315 Runningbrook Ct

Enter Florida street address

Jacksonville

City

Florida

32225

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.

Signature of New Registered Agent

Nov 28 11:00a Brian

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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
MGR	Rachel Gellin	2436 Holly Lane Palm Beach Gardens, FL 33410	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Ronni Kownack	1315 Runningbrook Ct Jacksonville, FL 32225	<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
			<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.)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2011 DEC -5 AM 9:05

FILED

Dated _____


 Signature of a member or authorized representative of a member

Ronni Kownack
 Typed or printed name of signer