

L11000054924

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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**B. KOHR**

JUN 24 2011

**EXAMINER**



000209113350

06/22/11--01021--004 \*\*25.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
11 JUN 22 AM 10:08

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: LEBO INVESTMENT GROUP 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:

KURSTEN R JARRETT

Name of Person

Firm/Company

18 TEAK ROAD

Address

OCALA, FL 34472

City/State and Zip Code

kurstenalex@yahoo.com

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

For further information concerning this matter, please call:

KURSTEN R JARRETT

Name of Person

at ( 352 )

804-2052

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
11 JUN 22 AM 10:08

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

**LEBO INVESTMENT GROUP LLC**

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

FILED STATE  
SECRETARY OF CORPORATIONS  
DIVISION OF CORPORATIONS  
11 JUN 22 AM 10:08

The Articles of Organization for this Limited Liability Company were filed on MAY 10, 2011 and assigned  
Florida document number L11000054924.

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)

18 TEAK ROAD

OCALA, FL 34472

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

18 TEAK ROAD

OCALA, FL 34472

**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:

KURSTEN R JARRETT

New Registered Office Address:

18 TEAK ROAD

*Enter Florida street address*

OCALA

*City*

, Florida

34472

*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

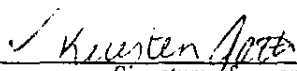
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	DENNIS K GUENTER SR	16970-3 SAN CARLOS-STE 181 FORT MYERS, FL 33908	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	KURSTEN R JARRETT	18 TEAK ROAD OCALA, FL 34472	<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.)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated JUNE 17, 2011.



Signature of a member or authorized representative of a member

KURSTEN R JARRETT

Typed or printed name of signee