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JUN 1 9 2020 S. YOUNG

COVER LETTER

TO: Registratio Division of	n Section Corporations		
SUBJECT:	COR LEONIS	s LLC	
•	Name of Lim	nited Liability Company	
The enclosed Article	s of Amendment and fee(s) are sub	omitted for filing.	
Please return all corr	espondence concerning this matter	to the following:	
	<u>Zamaz</u>	1-1 TAYLOR	
1		Name of Person	
		Firm/Company	
l		· ·	
	1848 AR	den Way	
		Address	
	DACKSON	City/State and Zip Code	32220
•	E-mail address: (to be used for future annual report noti	tication)
For further informati	on concerning this matter, please c	alt:	
100000	11 To 100	G00 7511	DUE
Na Na	me of Person	at (<u>404</u>) <u>254 -</u> Area Code Daytim	e Telephone Number
		•	·
	or the following amount:		
\$25,00 Filing Fe	e ☐ \$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 Ad		Street Address:	
_	on Section	Registration Sec	
P.O. Box	of Corporations 6327	Division of Cor The Centre of T	
•	ee, FL 32314		e Street, Suite 810

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

LOR LEON'S	s LLC	in the second
(Name of the Limited Li (A F	iability Company as it now appears on clorida Limited Liability Company)	ur records.)
e Articles of Organization for this Limited Liabiliorida document number		7 2011 and assigned
s amendment is submitted to amend the followin	ıg:	
If amending name, enter the new name of the	limited liability company here:	
e new name must be distinguishable and contain the words	"Limited Liability Company," the designa	ation "LLC" or the abbreviation "L.L.C."
ter new principal offices address, if applicable	:	
rincipal office address MUST BE A STREET A	DDRESS)	<u></u>
ter new mailing address, if applicable:		
	<u></u>	
ailing address MAY BE A POST OFFICE BOX		
<u>ailing address MAY BE A POST OFFICE BQY</u>		
If amending the registered agent and/or regist		ls, enter the name of the new register
If amending the registered agent and/or regist		ls, enter the name of the new register
If amending the registered agent and/or registered and/or the new registered office address he Name of New Registered Agent:		ls, enter the name of the new register
If amending the registered agent and/or registent and/or the new registered office address he		
If amending the registered agent and/or registered and/or the new registered office address he Name of New Registered Agent:	<u>ere</u> :	

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 605, 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 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>	Address	Type of Action
AP	JAMES H TAYLOR		□Add
		1848 ARDEN WAY	X Remove
		JACKSONUILLE BCH 32250	□Change
	1		□ Add
į			□Remove
•	ı		□Change
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TI New	er Authorized My NAME To Be used	
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VN9 T	AM NOT AssociAted with The SAID LL	
~!	by Solemuly Swear This To Be True.	
HIS Re	move my NAME From the SAId LLC	
THANK	you, DAMES H. TAYLOR	
	Jumn Il Jun	/
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Patrick E H	State of Florida signes on GG 033067	
Patrick E H	ighes on GG 033067	
Patrick E H	ighes on GG 033067	
Patrick E Hi My Commissi Expires 09/25	Ighes on GG 033067 //2020	
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Filing Fee: \$25.00