

L11 0000 66672

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

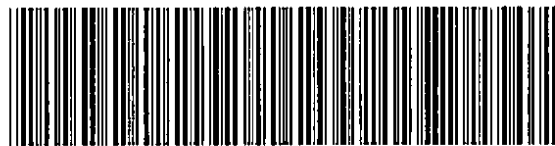
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6/27/23
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2023 MAY -8 AM 9:51
STATE

FILED

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: COR LEONIS 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:

JAMES L TAYLOR AMBR and REGISTERED AGENT

Name of Person

CORLEONIS LLC

Firm/Company

463688 STATE ROAD 200,1-529

Address

YULEE,FLORIDA 32097

City/State and Zip Code

72544@bellsouth.net

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

For further information concerning this matter, please call:

JAMES L TAYLOR, AMBR

Name of Person

at (904) 545-0519

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

CORLEONIS LLC

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

2023 MAY -8 AM 9:11

FILED

The Articles of Organization for this Limited Liability Company were filed on 06/07/2011 and assigned
Florida document number 11000066672.

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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

463688 STATE ROAD 200, 1-529 YULEE, FL., 32097

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

463688 STATE ROAD 200, 1-529 YULEE, FL., 32097

(Mailing address MAY BE A POST OFFICE BOX)

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:

JAMES L TAYLOR

New Registered Office Address:

463688 STATE ROAD 200, 1-529 YULEE, FL., 32097

Enter Florida street address

YULEE


City

Florida 32097

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 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>	<u>Address</u>	<u>Type of Action</u>
AMBR	VICKY DAUGHTRY	463688 STATE ROAD 200, I-529 YULEE, FL., 32097	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JAMES H TAYLOR		<input type="checkbox"/> Add
		1848 ARDEN WAY, JACKSONVILLE, FLORIDA, 32	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	JANES L TAYLOR	463688 STATE ROAD 200, I-529 YULEE, FL., 32097	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

ARTICLE II, 66161 ANTARES WAY >>>TOO 463688 STATE ROAD 200,1-529, YULEE,FLORIDA, 32097

ARTICLE III, BUY,MANAGE,SALE,REALESTATE

ARTICLE IV, JAMES TAYLOR, 63688 STATE ROAD 200,1-529 YULEE, FL., 32097

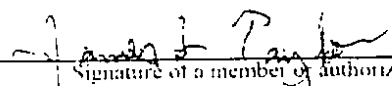
E. Effective date, if other than the date of filing: _____ (optional)

(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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated MAY 01, 2023



Signature of a member or authorized representative of a member

JAMES TAYLOR

Typed or printed name of signer