

L11000079032

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

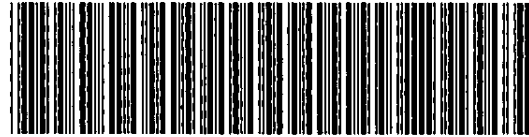
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2014 JUL 23 P 3:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. BOSTICK

JUL 24 2014

CLERK

COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: **LEONAL HOLDINGS 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:

JOSEPH HUPPERT

Name of Person

Firm/Company

17611 SW 48 STREET

Address

SOUTHWEST RANCHES FL 33331

City/State and Zip Code

JOE@HUPPERTCPA.COM

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

For further information concerning this matter, please call:

JOSEPH HUPPERT

Name of Person

at **954 434-4811**

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

LEONAL HOLDINGS 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 JULY 11, 2011 and assigned
Florida document number L11000079032.

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)

Enter new mailing address, if applicable:

(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:

New Registered Office Address:

Enter Florida street address

City

, Florida

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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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>
MGR	CW CORPORATE SERVICES	1001 BRICKELL BAY DRIVE SUITE 3112	<input type="checkbox"/> Add
		MIAMI FL 33131	<input checked="" type="checkbox"/> Remove
ALAN SHARR <i>MLR</i>	LEON GLINSMAN	17611 SW 48 STREET	<input checked="" type="checkbox"/> Add
		SOUTHWEST RANCHES FL 33331	<input type="checkbox"/> Remove
MGR	ALAN SHARR	17611 SW 48 STREET	<input checked="" type="checkbox"/> Add
		SOUTHWEST RANCHES FL 33331	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

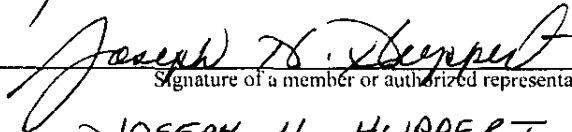
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated JULY 12, 2014.



Signature of a member or authorized representative of a member

JOSEPH H. HUPPERT

Typed or printed name of signee



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 14, 2014

JOSEPH HUPPERT
17611 SW 48 STREET
SOUTHWEST RANCHES, FL 33331

SUBJECT: LEONAL HOLDINGS LLC
Ref. Number: L11000079032

We have received your document for LEONAL HOLDINGS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Barbara Bostick
Regulatory Specialist II

Letter Number: 014A00015109

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TALLAHASSEE, FLORIDA