112 00029234

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SEGRETARY OF STATE
FALLAHASSEC, FLORIDA

AUG (19-50.7) **SOLUTRO ED ER**

COVER LETTER

SUBJECT:	LESLIE	FOSTER HOME LLC.		
JOBSECT		Name of Lim	ited Liability Company	
The enclosed A	rticles of	Amendment and fee(s) are sub	mitted for filing.	
Please return al	l correspo	ndence concerning this matter	to the following:	
		Sherry L. Leslie		
			Name of Person	······································
		Leslie Foster Home, LLC		
			Firm/Company	
		3424 Nature Trail		
			Address	
		Brooksville, Fl. 34602		
		waleslie@bellsouthnet	City/State and Zip Code	
		E-mail address: (1	to be used for future annual report notif	ication)
For further info	rmation co	oncerning this matter, please ca	ılt:	
Sherry L. Lesli	e		352 5440337	
	Name of	Person		Telephone Number
Enclosed is a ch	neck for th	e following amount:		
□ \$25.00 Filin	ng 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:

TO:

Registration Section
Division of Corporations

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Lim	ited Liability Company as it now appea (A Florida Limited Liability Company)	ars on our records.)	
The Articles of Organization for this Limited I Florida document number L12000029234	Liability Company were filed on $\frac{2}{2}$	-28-2019	_ and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name	of the limited liability company h	<u>nere</u> :	
The new name must be distinguishable and contain the	words "Limited Liability Company," the	designation "LLC" or the abbre	eviation "L.L.C."
Enter new principal offices address, if appli	cable:	·	
Principal office address MUST BE A STRE	ET ADDRESS)		
			9
		エロ 光変	S T
Enter new mailing address, if applicable:			\(\frac{1}{2} \)
Mailing address MAY BE A POST OFFICE	<u> </u>		
			_ю О
		5	7
B. If amending the registered agent and registered agent and/or the new registered of		n our records, <u>enfer th</u>	c name of the
Name of New Registered Agent:	Ashley N. Snow		
New Registered Office Address:			
	Enter Flo	orida street address	
		, Florida	
	City		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>	Type of Action
MGR	Ashley N. Snow	3400 Nature Trail, Brooksville, Fl. 34602	Add
			☐ Remove
			Change
 			
			Remove
			Change
			Add
			A Change
			Add OR Remove
			□ Change
			
			Remove
			Change
			
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			Change

		
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fective date, if other than the date of filing:	(optional)	
in effective date is listed, the date must be specific and cannot be prior to date of filing	g or more than 90 days after filing.) Pursuant to	605.0
ote: If the date inserted in this block does not meet the applicable statutory current's effective date on the Department of State's records.	ming requirements, this date will not be	nstea
record specifies a delayed effective date, but not an effect The 90th day after the record is filed.	ive time, at 12:01 a.m. on the ea	arlier
7/31/10		
ned		

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Typed or printed name of signee

Filing Fee: \$25.00