L12000078479

(Re	questor's Name)	
(Add	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
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COVER LETTER

TO:	Règ Div	istration Se ision of Cor	ection porations		
CHD	JECT:	LEID DUR	R, LLC		
SUD	JEC1:		Name of Lim	ited Liability Company	
The e	enclosed	l Articles of	Amendment and fee(s) are sub	omitted for filing.	
Pleas	e return	all correspo	ondence concerning this matter	to the following:	
			Bruce Hornstein		
				Name of Person	
			Bruce Hornstein, P.A.		
				Firm/Company	
			6961 Indian Creek Drive		
				Address	
			Miami Beach, Florida 331	41	
				City/State and Zip Code	
			bhornstein@hornsteinpa.co	m to be used for future annual report noti	fication \
For fù	urther in	iformation c	oncerning this matter, please of	•	(Carlott)
Bruce	e Horns		700	305 397-8476	
		Name o	f Person	Area Code Daytime	e Telephone Number
Enclo	sed is a	check for th	ne following amount:		
S	25 .00 F	iling 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LEID DUR, LLC		
(Name of the Limited Liabit (A Florid	ity Company as it now appears on our records.) a Limited Liability Company)	
The Articles of Organization for this Limited Liability C Florida document number L12000078479	Company were filed on 06/13/2012	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	tited liability company here:	
The new name must be distinguishable and contain the words "Lin	nited 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 ADDI	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		
		- 55 - 55 - 5 - 5 - 5 - 5 - 5 - 5 - 5 -
B. If amending the registered agent and/or regis	stered office address on our records, ent	er the name of the nev
registered agent and/or the new registered office add	lress here:	3
		S . 6
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address.	Enter Florida 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>	Address	Type of Action
VP	Michael Voigt	7610 NE 4th CT PO BOX 63	Add
		Miami, FL 33138	Remove
			☐ Change
			□ Add
			Change Change Change Change Add Change
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			_ ☐ Add
			Remove
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			Change

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Signature of a member or authorized representative of a member						
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David L. Cohen		Typed or printed name of s	ignee			

Page 3 of 3

Filing Fee: \$25.00