## L12 000 114945

(Requestor's Name)	
(Address)	
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(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	·
(Document Number)	
Certified Copies Certificates of State	tus
Special Instructions to Filing Officer:	





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## **COVER LETTER**

то:	Registration Se Division of Cor			
SUBJEC	LEN FINA	NCIAL SERVICECES, LLC		
SUBJEC	UI:	- Name of Lim	ited Liability Company	<del></del>
The encl	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	ondence concerning this matter	to the following:	·
		LUIS J PEREZ		
		· · · · · · · · · · · · · · · · · · ·	Name of Person	
		LEN FINANCIAL SERVI	CES, LLC	
		-	Firm/Company	<del></del>
		3620 Ceitus Pkwy		
			Address	
		Cape Coral, FL 33991		
		<del></del>	City/State and Zip Code	
		LPEREZ@LENFS.COM	to be used for future annual report noti	tication)
For furth	ner information c	oncerning this matter, please co	·	neuron)
Luis J Pe			239 677-0609	
		f Person	at (	e Telephone Number
Enclosed	d is a check for th	ne following amount:		
<b>■</b> \$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		Street Address:	
	Registration S Division of C		Registration Sec Division of Cor	
	DIMPORTURE C	σιροιατιοπε	Division of Cor	porations

P.O. Box 6327

Tallahassee, FL 32314

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited	iny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number $\frac{L12000114945}{L12000114945}$	were filed on 09/07/2012	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liah	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	637 Presidential Court	
Principal office address MUST BE A STREET ADDRESS)	Ste. 100	
	Fort Myers, FL 33919	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office in a gent and/or the new registered office address here:	address on our records, enter the	2020 DEC 28 F Company of the new registe
agent and/or the new registered office address nere:	/	w.
Name of New Registered Agent:	1/2	
New Registered Office Address:	Enter Florida street address	
		.1.
<del></del>	, Flori	aa Zip Code

v Registered Agent's Signature, if changing Registered Agent:

reby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the isions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and at the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability any has been notified in writing of this change.

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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