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

Office Use Only



600245319766

03/04/13--01049--018 **25.00

K.SALY EXAMINER MAR 6 - 2013

COVER LETTER

SUBJECT: Leathernock Marketing LLC.	10;	Division of Corporations
	SUBJE	co: Leatherneck Marketing LLC
Name of Limited Liability Company		Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filling. Please return all correspondence concerning this matter to the following:		·

tedro terran
Name of Person
Lestherneck Marketing LLC
Firm/Company
1913 Ingram AVC
J Address
Sarasota FL 34234
City/State and 7 ip Code
E-mail address: (to be used for future armual report notification)
ti-mail address: (to be used for future armual report notification)

For further information concerning this matter, please call:

Jung M. Forly at 1954, 881 - 2277

Name of Person Sumber

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/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO



		71
The Articles of Organization for this Limited Liability Florida document number <u>L1300004747</u>		and assigned
This amendment is submitted to amend the following	:	
A. If amending name, enter the new name of the l	imited liability company here:	
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Company," the	designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		A SOURCE OF STREET
(Principal office address MUST BE A STREET AD		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	-	
B. If amending the registered agent and/or req registered agent and/or the new registered office a Name of New Registered Agent:	gistered office address on our reco	ords, enter the name of the new
New Registered Office Address:		
	Enter Flori	ida street address
		, Florida
	City	Zip Code

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

Thereby 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 608, 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 Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGRM	Fedro R. Ferran	1913 Ingram Ave	Add
		S27380 1 FL 34232	Remove
			producted
			Add
			Remove
			Add
			Remove
			Add
			Remove
			Marie Vin
		*No. 10 - 10 - 10 - 10 - 10 - 10 - 10 - 10	Add
			Remove
			·
			Add
			Remove
a,			

f ame	nding any othe	er information, enter change(s) here: (Attach additional sheets, if necessary.)
-		
· <u>-</u>		
-		
		*
	Χ	Dany M. Dooly Signature of a member of authorized representative of a member
		Signature of a member or authorized representative of a member
	*	Deen A MARIE Dooley Typed or printed name of signee
		Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00