## <u>U30000013</u>

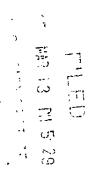
(Re	equestor's Name)	-
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PICK-UP	☐ WAIT	MAIL
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APR 01 2015 S. YOUNG

## COVER LETTER.

TO: Registration So Division of Con		**	*
SUBJECT: LEC		DINGS II, LL	<u>C</u>
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	-
	Je	OHN TODD  Name of Person	
		Firm/Company	
	2825	WINKLER AVE	
	FORT M	NYERS, FL 3 City/State and Zip Code	23916 Lies.com
	jtesunset E-mail address: (	to be used for future annual report notifi	ties.com
For further information c	oncerning this matter, please c		29
JOHN Name o	TODD f Person	at ( <b>239)362-</b> Area Code Daytime	5020 Telephone Number
Enclosed is a check for the	ne 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 ARTICLES OF ORGANIZATION OF

1 courses Harance

(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records )
(A Florida Limited I	Liability Company)
The Articles of Organization for this Limited Liability Company	were filed on 01 14 2013 and assigned
Florida document number <u>L. 13 00000 70 73</u> .	, ,
This amendment is submitted to amend the following:	-
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and end with the words "Limited Liab	ility Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	2825 WINKLER AVE.
	FORT MYERS, FL 33916
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	2825 WINKLER AVE.
	FORT MYERS, FL 33916
B. If amending the registered agent and/or registered of	fice address on our records, enter the name of the nev
registered agent and/or the new registered office address here	2:
Name of New Registered Agent:	
New Registered Office Address: 2825	WINKLER AVE.  Enter Florida street address
	Enter Florida street address
For	Enter Florida street address  TMYERS, Florida 33916  City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	•
I haraby accent the appointment on registered agent and agent	ng to got in this agreeity. I fouthous agric's to found, with the

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

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Authorized !	the Managers or Authorized Member Member being added or removed fron	on our records, <u>enter the title, name, and address of our records:</u>	each Manager or
MGR = Ma	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address <u>T</u>	ype of Action
MGRM	JOHN TODD	3403 WINKLER AVENUE	□ Add
	v	FORT MYERS, FL 33916	Remove
	1		٠
MGR	JOHN TODD	2825 WINKLER AVE.	<b>≭</b> Add
		FORT MYERS, FL 33916	□ Remove
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the date this document is filed by	n the date of filing:
the date this document is filed by	n the date of filing:
Effective date, if other that The effective date must be specific the date this document is filed by Dated	n the date of filing:
the date this document is filed by	the Florida Department of State)  5 2915  Manua Jacobia
the date this document is filed by	c, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the Florida Department of State)  Signature of a member or authorized representative of a member

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Filing Fee: \$25.00

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