

L130000007073

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

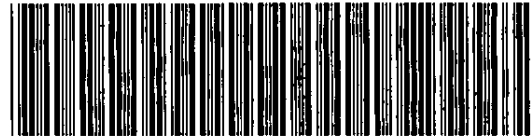
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUN 15 2016

Y SULKER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: LEONARDO HOLDINGS II, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ANDREA SAUNDERS-CORREA

Name of Person

Firm/Company

#16 GOLDEN AVENUE

Address

MEDFORD, MA. 02155

City/State and Zip Code

asaunders1173@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANDREA SAUNDERS-CORREA

781

962-0076

Name of Person

at ()

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

LEONARDO HOLDINGS II, LLC.

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 01/14/2013 and assigned
Florida document number L13000007073.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

#16. GOLDEN AVENUE

MEDFORD, MA. 02155

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

#16, GOLDEN AVENUE

MEDFORD, MA. 02155

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Helen L Normandin

2176 Leisure Lane
Enter Florida street address

Ht Myers, Florida 33907
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.

Helen L Normandin
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>	<u>Type of Action</u>
MGR	JOHN TODD	2825 WINKLER AVENUE	<input type="checkbox"/> Add
		FORT MYERS, FL. 33916	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	JOHN TODD	2825 WINKLER AVENUE	<input type="checkbox"/> Add
		FORT MYERS, FL. 33916	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ANDREA SAUNDERS-CORREA	#16 GOLDEN AVENUE	<input checked="" type="checkbox"/> Add
		MEDFORD, MA. 02155	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	HERCILIO CORREA	#16 GOLDEN AVENUE	<input checked="" type="checkbox"/> Add
		MEDFORD, MA. 02155	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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16 JUN 10 PM 2:53

Dated MARCH 30th, 2016

2016

John Todd MCMR

Signature of a member or authorized representative of a member

Typed or printed name of signee