

L13 0000 32550

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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APR 24 2014

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 3, 2014

JAMES LEONHARDT
3724 GRAND PRIX DRIVE
SEBRING, FL 33872

SUBJECT: LEONHARDT GAMES LLC
Ref. Number: L13000032550

We have received your document for LEONHARDT GAMES LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammi Cline
Regulatory Specialist II

Letter Number: 114A00004584

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Cover Letter for Change of Members in LLC


Feb. 16 2014

To Whom This Concerns,

I James Leonhardt of Leonhardt Games LLC, am enclosing along with this cover letter, a change of members to the company. If you have any questions regarding this please contact me at 530-209-5664 or mail me at Leonhardt Games LLC, 3724 Grand Prix Drive, Sebring, FL 33872.

Thank you,

James Leonhardt



COO Leonhardt Games LLC

3724 Grand Prix Drive

Sebring, FL 33872

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TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

LEONHARDT GAMES 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 MARCH 4, 2013 and assigned Florida document number L13000032550.

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 end with the words "Limited 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 ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

Enter Florida street address

City, Florida

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 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

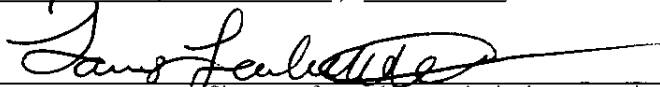
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>CAO</u>	<u>MARY BOEK</u>	<u>1045 JAXON WAY</u> <u>REDDING, CA. 96003</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>CEO</u>	<u>ANNA RICHARD</u>	<u>3724 GRAND PRIX DR.</u> <u>SEBRING, FL. 33872</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>CEO</u>	<u>SHEILA LOBO</u>	<u>1211 Villagio Dr.</u> <u>El Dorado Hills, CA. 95762</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>CMO</u>	<u>GEIR KVITHYLL</u>	<u>5263 CANE ISLAND</u> <u>LOOP # 401</u> <u>KISSIMMEE, FL. 34746</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>CDO</u>	<u>DAN BOEK</u>	<u>1045 JAXON WAY</u> <u>REDDING, CA. 96003</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>COO</u>	<u>JAMES LEONHART</u>	<u>3724 GRAND PRIX DR.</u> <u>SEBRING, FL. 33872</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 4/22/2014, _____.



Signature of a member or authorized representative of a member

James Leonhardt

Typed or printed name of signee

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