

L13000096386

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

AUG 14 2013

J. BRYAN

COVER LETTER

TO: Registration Section
Division of Corporations

NAME:

LFE - O - Enterprises, LLC
Name of Limited Liability Company

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TALLAHASSEE, FLORIDA

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

Please return all correspondence concerning this matter to the following:

Michael Valle
Name of Person

LFE - O - Enterprises, LLC
Firm/Company

8645 Pine CAY
Address

West Palm Beach, FL 33411
City/State and Zip Code

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

For further information concerning this matter, please call:

Michael Valle
Name of Person

561-676-3094
Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

X \$25 Filing Fee

US\$25.00 Filing Fee &
Certificate of Status

US\$25.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

US\$25.00 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/CHURCH ADDRESS:
Registration Section
Division of Corporations
Clifton Building
4661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

LEE-O-Enterprises, LLC

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

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TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 7/5/13 and assigned
Florida document number L13000096386.

This amendment is submitted to amend the following:

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

The company must be designating itself and each of its owners, "Limited Liability Company" or the designation "LLC" in the state position
"LLC."

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

Florida

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.

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

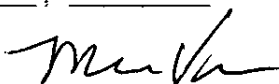
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Colleen Valle	8645 Pine Cay	☒ Add
		West Palm Beach, FL 33411	☐ Remove
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated 8/9/13



Signature of a member or authorized representative of a member

Michael Valle

Typed or printed name of signee

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Filing Fee: \$25.00

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