

L13000125247

(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



500353339265

10/19/20--01000--010 ++25.00

FILED

2020 DEC 22 PM 3:11

CLERK OF COURT  
TALLAHASSEE, FL

O SIMMONS

DEC 22 2020



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 16, 2020

RACHEL CRUMBLEY  
50 CENTRAL AVE  
STE 800  
SARASOTA, FL 34236

SUBJECT: LEPRECHAUN CAPITAL INVESTMENTS II, LLC  
Ref. Number: L13000125247

We have received your document for LEPRECHAUN CAPITAL INVESTMENTS II, 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):

The attached form must be completed in order to file the document.

PLEASE SUBMIT PAGES 2 & 3 OF THE FILINGS.

The registered agent must sign accepting the designation.

Section 605.0203(1), 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) 245-6050.

Octavia L Simmons  
Regulatory Specialist II Supervisor

Letter Number: 720A00023002

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Leprechaun Capital Investments 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:

Rachel Crumbley

\_\_\_\_\_  
Name of Person

Chessler Holdings LLC

\_\_\_\_\_  
Firm/Company

50 Central Ave. Suite 800

\_\_\_\_\_  
Address

Sarasota FL 34236

\_\_\_\_\_  
City/State and Zip Code

rachel@chesslerholdings.com

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

For further information concerning this matter, please call:

David Saslow

941

957-8456

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

2020 DEC 22 PM 3:11

Leprechaun Capital Investments II, LLC

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

The Articles of Organization for this Limited Liability Company were filed on 9/5/2013 and assigned  
Florida document number L13000125247.

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 "L.L.C."

**Enter new principal offices address, if applicable:**

**(Principal office address MUST BE A STREET ADDRESS)**

50 Central Ave.

Suite 800

Sarasota FL 34236

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

50 Central Ave.

Suite 800

Sarasota FL 34236

**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:

Saslow Law PLLC

New Registered Office Address:

50 Central Ave., Suite 800

*Enter Florida street address*

Sarasota

Florida 34236

*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 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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED  
2520 DEC 22 PM 3:11  
SECRETARY OF STATE  
TALLAHASSEE, FL

FILED

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

2020 DEC 22 PM 3:12

DEPARTMENT OF STATE  
TALLAHASSEE, FL

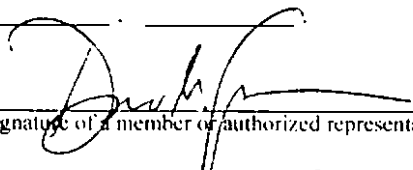
E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 12/16/20

  
Signature of a member or authorized representative of a member

Saslow Law PLLC David Saslow  
Typed or printed name of signee

Filing Fee: \$25.00