

L13000162641

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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19 NOV 25 AM 9:24

JAN 04 2020

C McNAIR

COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: LEAL SERVICES LLC

Name of Limited Liability Company

RECEIVED
DIVISION OF CORPORATIONS
19 NOV 25 AM 9:24

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

Please return all correspondence concerning this matter to the following:

LUIS A MENDOZA

Name of Person

MENDOZA TAX SERVICES LLC

Firm/Company

3501 W VINE ST SUITE 262

Address

KISSIMMEE, FL 34741

City/State and Zip Code

contact@mendozaaccounting.com

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

For further information concerning this matter, please call:

JOSE A RAMIREZ

305 333-3894
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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

LEAL SERVICES LLC

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

RECEIVED
19 NOV 25 AM 9:24
HONORARY CLERK OF STATE
TREASURY DEPARTMENT

The Articles of Organization for this Limited Liability Company were filed on 11/20/2013 and assigned
Florida document number L13000162641.

This amendment is submitted to amend the following:

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

N/A

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:

585 SW 11TH STREET

(Principal office address MUST BE A STREET ADDRESS)

MIAMI, FL 33129

Enter new mailing address, if applicable:

585 SW 11TH STREET

(Mailing address MAY BE A POST OFFICE BOX)

MIAMI, FL 33129

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:

N/A

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 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>
P	JOSE A RAMIREZ	6140 SW 129TH PL. 2004	<input type="checkbox"/> Add
		MIAMI, FL 33183	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JOSE A RAMIREZ	6140 SW 129TH PL. 2004	<input type="checkbox"/> Add
		MIAMI, FL 33183	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
VP	LEVIS A SEVILLA	11703 SW 144 AVE	<input type="checkbox"/> Add
		MIAMI, FL 33186	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	LEVIS A SEVILLA	585 SW 11TH STREET	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33129	<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

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

Handwritten signature across the lines.


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 NOVEMBER 14, 2019


JOSE A. RAMIREZ

Signature of a member or authorized representative of a member

JOSE A. RAMIREZ

Typed or printed name of signee