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SECRETARY OF THE HINA

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COVER LETTER

Division of C	Corporations		
SUBJECT:	Legran	10	
SUBJECT:	Name of Limi	LC . ted Liability Company	
The enclosed Articles	of Amendment and fee(s) are subt	nitted for filing.	
Please return all corres	spondence concerning this matter t	to the following:	
	Paul	Name of Person	<u>n</u>
		Firm/Company	
	19956 NE	STA CT. Apt	1F
	Mian: FL	33179 City/State and Zip Code O C A T A A A A A A A A A A A A A A A A A	mail.com
For further informatio	E-mail address: (t n concerning this matter, please ca	•	ication)
		at (<u>786</u>) <u>975-</u> Area Code Daytime	6483 : Telephone Number
Enclosed is a check fo	r the following amount:		
\$25.00 Filing Fee	S30.00 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)
	ILING ADDRESS: istration Section	STREET/COURI Registration Sectio	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section

TO:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Leocar 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	_ and assign	ned	
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 abbre	rviation "L.L.C		
Enter new principal offices address, if applicable:		•	
(Principal office address MUST BE A STREET ADDRESS)			
B. If amending the registered agent and/or registered office address on our records, enter the registered agent and/or the new registered office address here:	ne name of	the no	<u>ew</u>
Name of New Registered Agent:	2.5	<u> </u>	1
New Registered Office Address:	33.7 33.7	22	į
Enter Florida sweet address		- C-	
, Florida	87	ςi.	` <u> </u>
City	Zip Gode	6	
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 provisions of all statutes relative to the proper and complete performance of my duties, and I am fan accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if being filed to merely reflect a change in the registered office address, I hereby confirm that the limit company has been notified in writing of this change.	niliar with a this docum	nd	le

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>	Address	Type of Action
MGR	Oscar E. Diaz	19956 NE STY CT #1	
		Miani, FC 33179	□ Remove
			Change
	***		□ Add
			☐ Remove
			☐ Change
			Add
			□ Remove
			Change
			19 JUL 22 PH 6:
			Change PH 6: 00
			Clunge
			□ Remove
			□ Change

D. If an abding any other information, enter change(s) here: "Attach additional sheets, if necessary")	
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the same of the sa	
E. Effective date, if other than the date of fifing: (If an effective date is listed, the date must be specific and connot be prior to date of filing or more than 90 days ofter filing.) Pursuant to 605 0207 (39th)	
Note: If the date is insect, the date must be specific and clause to expect the applicable standary 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.	
(b) The 90th day after the record is filed.	
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Dated	1
- The Union 200 12 12 12	
The state of the s	7
	5
Typed or printed name of signee	
Signature of a member of administer type demands of signee Signature of	
Page 3 of 3	
Filing Fee: \$25.00	