

L14000064387

(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

K. SALY
EXAMINER

JUL 21 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **Brave Leonard Group 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:

James Leonard

Name of Person

Brave Leonard Group LLC

Firm/Company

5311 W. Hillsboro Blvd

Address

Coconut Creek, FL 33073

City/State and Zip Code

jamesleonard2010@gmail.com

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

For further information concerning this matter, please call:

James Leonard

Name of Person

at **954 558-8427**

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

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2014 JUL 21 PM 3:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Page 1 of 3

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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>
CEO	James Leonard	_____	☐ Add
		_____	☒ Remove

Manager	James Leonard	_____	☒ Add
		_____	☐ Remove

		_____	☐ Add
		_____	☐ Remove

		_____	☐ Add
		_____	☐ Remove

		_____	☐ Add
		_____	☐ Remove

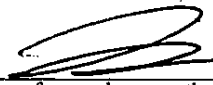
		_____	☐ Add
		_____	☐ Remove

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 07 / 07 / 14, 2014.



Signature of a member or authorized representative of a member

James Leonard

Typed or printed name of signer