Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H15000157932 3)))



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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN LECESSE ORCHID PARK, LLC

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Corporate Filing Menu

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LECESSE ORCHID PARK, LLC

From:

(Name of the Limited Liability Co. (A Florida Limi	mnany as if now appears on our records) ted Liability Company)
The Articles of Organization for this Limited Liability Comp. Fiorlda document number L14000142514	any were filed on 09-11-2014 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited L LECESSE ANCORA INTERNATIONAL, LLC The new name must be distinguishable and contain the worth "Limited Li	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	N/A
Enter new mailing address, if applicable: (Mailing address MAX BE A POST OFFICE BOX)	N/A
B. If amending the registered agent and/or registered registered agent and/or the new registered office address have been address have a Name of New Registered Agent:	office address on our records, enter the name of the new ere:
New Registered Office Address:	Enter Florida street address
<u> </u>	, Florida
iew Registered Agent's Signature. If changing Registered Agen	
hereby accept the appointment as registered agent and ag rovisions of all statutes relative to the proper and complet eccept the obligations of my position as registered agent as eing filed to merely reflect a change in the registered offic ompany has been notified in writing of this change.	provided for in Chapter 605, F.S. Or, if this document is a address, I hereby confirm that the limited liability
If Cha	inging Registered Agont, Signature of New Registered Agent OF STATE 1 of 3
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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 = N AMBR = A	Ianager Authorized Member		
Title	Name	Address	Type of Action
			D Add
			Remove
			☐ Change
			Add
			□ Remove
			Change
			Add
			□ Remove
			☐ Change
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			□ Remove
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			D&A
			☐ Remove
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			□ Remove
			Change

SECRETARY OF STATE

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