## 114000190268

(Req	uestor's Name)	
(Add	ress)	
(Add	ress)	<u>.                                    </u>
(City	/State/Zip/Phone#	)
PICK-UP	TIAW .	MAIL
(Bus	iness Entity Name	)
(Doc	cument Number)	
Certified Copies	Certificates o	f Status
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SECRETARY OF STATE

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January 8, 2015

LINDA LEATHART LLC 1101 RIVER RANCH DR APT 205 FT LAUDERDALE, FL 33315

SUBJECT: LINDA LEATHART LLC Ref. Number: L14000190268

We have received your document for LINDA LEATHART LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return the corrected original and one copy of 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) 245-6051.

Letter Number: 715A00000359

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

www.sunbiz.org

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Linda	eathart	ille	,		<b></b>	
(Name of the Limited	Liability Compan Florida Limited L	v as it now appears ability Company)	on our records.)			
The Articles of Organization for this Limited Lial Florida document number		were filed on	12/15/14	and	assigne	ed
This amendment is submitted to amend the follow	ving:					
A. If amending name, enter the new name of t	he limited liabi	ity company her	<u>re</u> :			
The new name must be distinguishable and end with the we	ords "Limited Liabi	lity Company," the d	lesignation "LLC" or the	abbreviatio	n "L.L.C	<del></del>
Enter new principal offices address, if applical	ble:					
(Principal office address MUST BE A STREET	ADDRESS)					
Enter new mailing address, if applicable:						
(Mailing address MAY BE A POST OFFICE B	<u>OX)</u>			•		~ <del></del>
B. If amending the registered agent and/or registered agent and/or the new registered offi	ce address here	:		the nar		the new
Name of New Registered Agent:	_Dan	11 Seath	ent.	<u> </u>	5	<u> </u>
New Registered Office Address:		7.		S.Y.	2	r · m
		Enter Flori	da street address Florida	1.333S	O AX	Post
New Registered Agent's Signature, if changing Re	gistered Agent:	City	, 11011044	Cap Ca	さ さ 一種	रू. जुड़ इ. जुड़
I hereby accept the appointment as registered provisions of all statutes relative to the proper accept the obligations of my position as regist being filed to merely reflect a change in the recompany has been notified in writing of this cl	agent and agre and complete pered agent as pegistered office office of the pegistered of the	performance of i rovided for in C address Hereb	my duties, and I am hapter 605, F.S. Or	familiar ; if this d imited lia	with an locument bility	nd

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 **Title** Name <u>Address</u> **Type of Action** 1101 River Reach ☐ Remove 1101 Kiver Reach Dive \_□ Add ☐ Remove □ Remove □ Add □ Remove

D.	If amend	ng any other information, enter change(s) here: (Attach additional sheets, if necessary.)
		<del></del>
•	The effective	late, if other than the date of filing:
	Dated	1/21/2015
		Signature of a member or authorized representative of a member
		Typed or printed name of signee

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Filing Fee: \$25.00

SECRETARY OF THE

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