

L15000068544

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

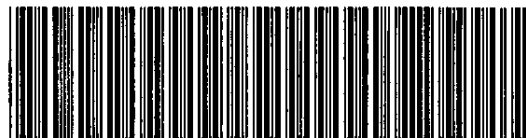
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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16 AUG 29 AM 11:45
CLERK OF SUPERIOR COURT
TALLAHASSEE, FLORIDA

AUG 30 2016

Y SULKER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 17, 2016

RICARDO LESLIE
13796 BRIDGEWATER CROSSING BLVD APT 202
WINDERMERE, FL 34786

SUBJECT: GRUPOLESLIE, LLC
Ref. Number: L15000068544

We have received your document for GRUPOLESLIE, LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

Please return 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.

Dionne M Scott
Regulatory Specialist II

Letter Number: 216A00017430

TO
ARTICLES OF ORGANIZATION
OF

Grupo Leslie

(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 4/20/2018 and assigned Florida document number L15000068544.

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 abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

13796 BRIDGEWATER CROSSINGS BLVD
APT 202
WINDERMERE FL 34786

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

13796 BRIDGEWATER CROSSINGS BLVD
APT 202
WINDERMERE FL 34786

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:

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

or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Pilar VAZQUEZ	5112 Millwin Waters DR APT 1108	<input type="checkbox"/> Add
		ORLANDO FL 32839	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
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16 APR 29 11:05 AM
ADMINISTRATIVE SERVICES
FLORIDA

16 AUG 29 AM 11:45
TALLAHASSEE, FLORIDA

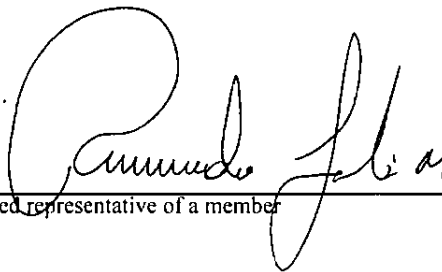
E. Effective date, if other than the date of filing: _____ (optional)

(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 AUGUST 10, 2016.



Signature of a member or authorized representative of a member

RICARDO LESLIE

Typed or printed name of signee