L15000049117

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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J. HARRIS

COVER LETTER

	Registration Se Division of Cor				
SUBJEC	Big Leo On	Big Leo One, LLC			
SUPSEC		Name of Limi	ited Liability Company		
The enclo	osed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please re	turn all correspo	ndence concerning this matter	to the following:		
		Angela C. Schaffer			
			Name of Person		
		Big Leo One, LLC			
			Firm/Company		
		6405 SW 37th Way			
			Address		
		Gainesville, Florida 32608			
		agschaffer@yahoo.com	City/State and Zip Code		
			to be used for future annual report notifi-	cation)	
For furth	er information c	oncerning this matter, please ca	all:		
Angela (C. Schaffer		352 359-2506 at (
	Name o	f Person		Telephone Number	
Enclosed	is a check for t	he 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Big Leo One, LLC	
(<u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability Con	mpany were filed on 4/20/2015 and assigned
Florida document number L15000069117	e.
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limite	ed liability company here:
The new name must be distinguishable and contain the words "Limite	cd 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 ADDRE	700)
Trincipus Office unuress MOST DE ASTREET ADDICE	>
	- Baran
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
3. If amending the registered agent and/or registe	ered office address on our records, enter the name of the
egistered agent and/or the new registered office addre	ess 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

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	Daniel J Schaffer	6405 SW 37th Way Gainesville Fl	■ Add
		 	Remove
			Change
			Remove
			Change
			Remove
			Change
			Add Fi
			Remove Conge
			□ Remove
			Change
			□ Add
			Remove
			Change

		
		
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		(77)
		
Effective date, if other than	the date of filing:	(optional)
Note: If the date inserted in thi	must be specific and cannot be prior to date of filing or more than 90 s block does not meet the applicable statutory filing requires	o days after filing.) Pursuant to 605.02 ments, this date will not be listed
document's effective date on th	e Department of State's records.	
he record specifies a dela The 90th day after the	yed effective date, but not an effective time, at record is filed.	: 12:01 a.m. on the earlier
Dated June 15	2015	
LARCH		55
	Chyda Co John	for I
	Signature of a mornber or authorized representative of a mem	11

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Filing Fee: \$25.00