

LIS000075054

(Requestor's Name)

(Address)

(Address)

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(Business Entity Name)

(Document Number)

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FILED  
15 MAY -8 PM 4:18  
STATE OF ARIZONA  
DEPARTMENT OF REVENUE  
TOLSON

M. MILLIGAN  
EXAMINER

MAY 20 2015

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** LEAC Concepts, 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:

Lane Elkins  
Name of Person  
LEAC Concepts, LLC  
Firm/Company  
5652 Jason Lee Place  
Address  
Sarasota, FL 34233  
City/State and Zip Code  
941motors@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lane Elkins at (941) 284-3690  
Name of Person 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

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

LEAC Concepts, LLC

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

FILED  
15 MAY -8 PM 4:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 4/28/15 and assigned Florida document number L15000075054

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)

5652 Jason Lee Place  
Sarasota, FL 34233

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

5652 Jason Lee Place  
Sarasota, FL 34233

**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:

Lane Elkins

New Registered Office Address:

5652 Jason Lee Place

Enter Florida street address

Sarasota, Florida 34233

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>	<u>Address</u>	<u>Type of Action</u>
MGR	Amanda Cover	5652 Jason Lee Place Sarasota, FL 34233	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input checked="" type="checkbox"/> Change
MGR	Lane EIKINS	5652 Jason Lee Place Sarasota, FL 34233	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input checked="" type="checkbox"/> Change
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FILED  
MAY 8 2013  
MAY 8 2013  
MAY 8 2013

