# 15000076818

(Re	questor's Name)			
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#### FLORIDA DEPARTMENT OF STATE Division of Corporations

April 7, 2017

JOHN LEONARD 8805 TAMIAMI TRL N #109 NAPLES, FL 34108

SUBJECT: LIFE SUCCESS & LEGACY PARTNERS, LLC

Ref. Number: L15000076818

2819 MAY 26 FR C. GC O

We have received your document for LIFE SUCCESS & LEGACY PARTNERS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list the title for member in the company listed on page 2 of application:mgr, mbr, mgrm, etc.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia I Simmons Regulatory Specialist II

Letter Number: 517A00006747

www.sunbiz.org

# **COVER LETTER**

Division of Corporations					
SUBJECT: Life Success Name of Limit	t Lagacy Park ited Liability Gmpany	ners lle			
The enclosed Articles of Amendment and fee(s) are submitted for filing.					
Please return all correspondence concerning this matter t	to the following:				
John	M. Leongre Name of Person				
Life Si	Firm/Company	Partners, LCC			
8805 To	Address Address	#109			
, ,	City/State and Zip Code  Mancial @ 1 mg 1  o be used for future annual report notific	. Carry			
•					
For further information concerning this matter, please ca					
Name of Person	at ( <u>7-3 9</u> ) <u>777 - 89</u> 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:

TO: Registration Section

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

Life Success t	- Leggin Partna	rs, LLC	
( <u>Name of the Limited Liabili</u> (A Florids	ty Company as it now appears on our a Limited Liability Company)	r redords.)	
The Articles of Organization for this Limited Liability C Florida document number <u>L 15000076</u>	Company were filed on 44	$3\sqrt{2015}$ and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ited liability company here:		
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the designat	ion "LLC" or the abbreviationC."	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDR	RESS)		
		72	
Enter new mailing address, if applicable:		- C.,	
(Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered agent and/or the new registered office add		records, enter the name of the new	
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street address		
	City	Florida 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,  $\underline{enter\ the\ title,\ name,\ and\ address\ of\ each\ person\ being\ added}$  or removed from our records:

MGR = Manager

AMBR = A	uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MS	Coralia Boudre	Naples FL 34108	□ Remove
Mr		8805 Tambann: TH. N Naples Fr 34108	
			□ Add S Ren Ge
			t ::han 1 \dd
			Remo. :
			□ Add
			Remove
			Change
			Remove
			□ Change

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 Signature of a member or authorized representative of a member Typed or printed name of signee

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Page 3 of 3

Filing Fee: \$25.00