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(Re	questor's Name)	
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PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificate	s of Status
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DEC 1 5 2015 J SHIVERS

COVER LETTER

SUBJECT: LEDGE	BIECT: LEOGER FINDUCIAL LC Name of Limited Liability Company enclosed Articles of Amendment and fee(s) are submitted for filing. ase return all correspondence concerning this matter to the following: ASHLEY BARBLER Name of Person LEOGER FINDUCIAL LCC Firm/Company SOIL NO GOM DR Address CORN SPRINGS FL 33067 City/State and Zip Code 25hley Daebler Dhotmail. Com E-mail address: (to be used for future annual report notification) further information concerning this matter, please call: SHLEY BARBLER Name of Person Area Code Daytime Telephone Number		
The enclosed Articles of Ame	ndment and fee(s) are sub-	mitted for filing.	
Please return all corresponden	ce concerning this matter	to the following:	
-	Asniey	BARBLER	
_			
_		Firm/Company	
•	5016	200 6PIH DE	
_		Address	
_	CORAL .	SDRINGS FU	33067
_	ashley back E-mail address: (1	SICT O hotm sil	tification)
For further information concer			
A	-		2671 ne Telephone Number
Enclosed is a check for the fol	lowing 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

LEDGER FIN	22~612.	- LCC
(Name of the Limite	d Liability Compa A Florida Limited	pany as it now appears on our records.) I Liability Company)
The Articles of Organization for this Limited Lia		y were filed on and assigned
This amendment is submitted to amend the follo	wing:	
A. If amending name, enter the new name of	the limited liab	<u>bility company here</u> :
The new name must be distinguishable and contain the wo	ords "Limited Liabi	bility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		5016 NO 6674 OR
(Principal office address MUST BE A STREET ADDRESS)		SOID NO 66TH OR CORAL SPRINGS FC 33067
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	3 <u>0X)</u>	5016 NW 66TH DR CORAL SPRINGS FL 33067
B. If amending the registered agent and/o registered agent and/or the new registered off	ice address her	
Name of New Registered Agent:		EY BAGBLER SEE TO
New Registered Office Address:	5016	Enter Florida street address
	(-8 0	***
	COLFIC	Speins Florida 33667 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 = Ma $AMBR = Aa$	anager uthorized Member		•
<u>Title</u>	Name	Address	Type of Action
			Add
			□ Remove
		·	☐ Change
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Page 3 of 3

Filing Fee: \$25.00