

L16000126379

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

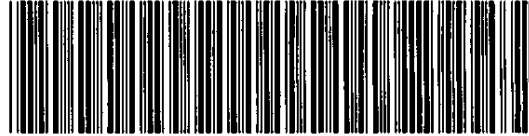
(Business Entity Name)

(Document Number)

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JUL 22 2016  
J. HARRIS



Kissimmee  
20 S. Rose Avenue  
Avenue  
Suite 7  
Kissimmee, FL 34741  
32792

Tampa  
2201 N. West Shore Blvd.  
Suite 200  
Tampa, FL 33607

Winter Park  
7457 Aloma  
Suite 201  
Winter Park, FL

Via US Postal

July 18, 2016

Registration Section  
Division Corporations  
P.O. Box 6327  
Tallahassee, FL, 32314

**Re: Change of Address  
Leyenda Levantada LLC  
L16000126379**

To whom it may concern,

Please be advised that our office represents Mr. Jose Barrientos and Mrs. Mariana Eusebio in the process of preparing their corporation.

Enclosed, please find the cover letter and the articles of amendment to articles of organization of Leyenda Levantada LLC to change their address. Also enclosed, is a check for the amount of \$25.00 payable to the Department of State in order to make this change.

Should you have any questions, please do not hesitate to contact our office at 407-775-2727.

Thank you,

Gina Garcia  
Legal Assistant  
Carmona Law, P.A.

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** LEYENDA LEVANDATA, 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:

Mariana Eusebio

\_\_\_\_\_  
Name of Person

Leyenda Levantada, LLC

\_\_\_\_\_  
Firm/Company

1080 E. Alfred Street

\_\_\_\_\_  
Address

Tavares, FL 32778

\_\_\_\_\_  
City/State and Zip Code

marianaeusebio0@gmail.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mariana Eusebio

386 302-8251  
at ( )

\_\_\_\_\_  
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**

LEYENDA LEVANTADA, LLC

(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 7/1/2016 and assigned  
Florida document number L16000126379.

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)**

1080 E. Alfred Street

Tavares, FL 32778

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

1080 E. Alfred Street

Tavares, FL 32778

**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:

1080 E. Alfred Street

*Enter Florida street address*

Tavares

, Florida 32778

*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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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 TALLAHASSEE, FLORIDA  
 16 JUL 2009 PM 4:17

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

[illegible]

**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 July 17<sup>th</sup> 2016

*Maria R. Eusebio*  
Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Mariana Eusebio

Typed or printed name of signee

Page 3 of 3

**Filing Fee: \$25.00**

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