

L16 000 232780

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ WAIT

☐ MAIL

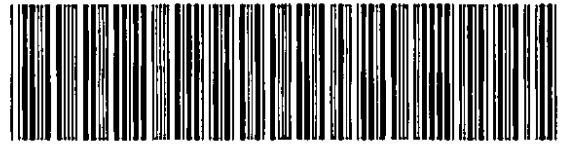
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LEIMAN ENTERPRISES, 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:

JAIRO MCNALLY

Name of Person

Firm/Company

5320 CORAL VINE LINE

Address

KISSIMMEE, FLORIDA 34758

City/State and Zip Code

PAOLA.CARDENAS@TAXCAREINC.COM

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

For further information concerning this matter, please call:

PAOLA CARDENAS 321 284-9341
at ()
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

LEIMAN ENTERPRISES, 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 12/28/2016 and assigned
Florida document number L16000232780.

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)

5320 CORAL VINE LANE

KISSIMMEE, FLORIDA 34758

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

5320 CORAL VINE LANE

KISSIMMEE, FLORIDA 34758

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:

MCNALLY, JAIRO F

New Registered Office Address:

5320 CORAL VINE LANE

Enter Florida street address

KISSIMMEE

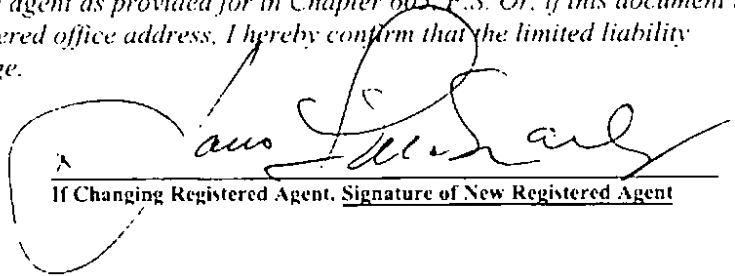
City

Florida 34758

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>
MGRM	URBINA, ANKE	5320 CORAL VINE LANE	<input type="checkbox"/> Add
		KISSIMME, FLORIDA 34758 US	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGRM	URBINA, DONALD U	5320 CORAL VINE LANE	<input checked="" type="checkbox"/> Add
		KISSIMMEE, FLORIDA 34758 US	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

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.

Dated JULIO 02

2020

Signature of a member or authorized representative of a member

MCNALLY JAIRO

Typed or printed name of signee

Filing Fee: \$25.00