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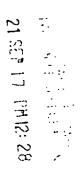
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COVER LETTER

Div	ision of Corp	orations			
SUBJECT:		TERPRISES, L.L.C.			
SUBJECT		Name of Limi	ted Liability Company	•	
The enclosed	l Articles of A	mendment and fee(s) are sub-	nitted for filing.		
Please return	all correspond	dence concerning this matter	to the following:		
		Paola C Cardenas			
			Name of Person		
		Tax Care Orlando			
			Firm/Company		
		12701 S John Young Pkwy	Suite 216		
			Address		
		Orlando, Florida 32837			
			City/State and Zip Code		
		paola.cardenas@taxcareinc.	com o be used for future annual repo	rt notification)	
For further in	aformation cou	ncerning this matter, please ca		t notification)	
		icerning this matter, prease co			
Paola C Card			at () 284-93-	aytime Telephone Number	
	Name of I	Person	Area Code D	aytime Telephone Number	
Enclosed is a	check for the	following amount:			
≡ \$25.00 F	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) Certified	e of Status &
<u>Ma</u>	iling Address:		Street Addre	ess:	

Registration Section

TO:

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

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 21 SET 17 PH 12: 28

LEIMAN ENTERPRISES, L.L.C.

(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 C	Company were filed on 12/28/2016	and assigned
Florida document number L16000232780	<u>_</u> ·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	ited 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 ADDR	<u> </u>	
Enter new mailing address, if applicable:	<u></u>	
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our records, <u>enter</u>	the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addre.	Pe .
	Enter i uriaa sireei aaure.	a.,
		lorida
	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	
$\Delta MRR =$	Authorized	Member

21 SE! 17 PH12: 28

<u>Title</u>	<u>Name</u>	21 SE 1 Final	Type of Action
MGRM	URBINA, DONALD U	5320 CORAL VINE LANE	
		KISSIMMEE, FL 34758	□ Add
			□ Change
MGRM	URBINA, DONAL U	5320 CORAL VINE LANE	≣ Add
		KISSIMMEE, FL 34758	□Remove
			□Change
			□Add
			□Remove
			□Add
			Remove
			□Change
	-		□Add
			Remove
			□Change
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If amending any other informa	ition, enter change(s) hei	e: (Attach additional	sheets, if necessarro):	28
If amending any other informa		7	21 SF POTTOR	(2 0)
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Effective date, if other than the If an effective date is listed, the date must Note: If the date inverted in this ble	date of filing:	to data of file	(optional)	
	A wors not meet the applie	aore statutory miling feat	in 90 days after filing.) Pu tirements, this date will	rsuant to 605.0207 I not be listed as t
document's effective date on the De	epartment of State's records.			
e record specifies a delayed affective	a data but not an affactive si		1	
e record specifies a delayed effective rd is filed.	cate, our not an enective q	me, at 12:01 a.m. on the	carifer of: (b) The 90	Ith day after the
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Dated	, 2021	-· , 7		
	•			
	Signature of a member or author	rized-representative of a m	ember	
		•		
URBINA, DONAL U				

Filing Fee: \$25.00