## Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet** 

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To:

Division of Corporations

Fax Number : (850) 617-6383

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

### LEDL LLC

Certificate of Status	' 0
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Page Count	04
Estimated Charge	\$25.00

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FEB 15 2017

2/14/2017

SUBJECT:	LEDL LLC						
		Name of Lim	ited Liability Company				
The enclosed	l Articles of A	mendment and fee(s) are sub	mitted for filing.				
Please return	all correspon	dence concerning this matter	to the following:				
		Nadine Long					
			Name of Person	<u> </u>			
		Incorp Services, Inc.					
			Firm/Company				
3773 Howard Hughes Parkway Suite 500s							
		Address					
		Las Vegas, NV 89169		-			
			City/State and Zip Code				
		documents@incorp.com					
		E-mail address: (	to be used for future annual report notific	ation)			
For further in	nformation co	ncerning this matter, please co	atl:				
Nadine Lon	g		702 866-2500 at ()				
	Name of	Person		Felephone Number			
Enclosed is a	check for the	following amount:					
<b>3 \$</b> 25.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	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 Tailahassee, FL 32301

#170000429623

#### ANTICLES OF ARTERDITION I

# TO ARTICLES OF ORGANIZATION

H170000 429623

LEDL LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) 01/11/2017 The Articles of Organization for this Limited Liability Company were filed on and assigned Florida document number <u>L17000009031</u> 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 Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: Enter Florida street address Florida City 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

Page 1 of 3 H17 0000 429623

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MGR =	Manager	7 7 7 9	7 - 10 - 3
AMBR ≈	Authorized Member		

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