## 117000036716

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J. HARRIE

## **COVER LETTER**

CT:	Name of Limi	ited Liability Company				
losed Articles of	Amendment and fee(s) are sub-	mitted for filing.				
eturn all correspo	ondence concerning this matter	to the following:				
	JOSE LEON					
	· · · · · · · · · · · · · · · · · · ·	Name of Person	<del></del>			
	LBS					
		Firm/Company				
	8333 W MCNAB RD STE	115				
		Address				
	TAMARAC FLORIDA 33	321				
	City/State and Zip Code					
		··-	(ration)			
her information c			cation			
EON		347 8136744				
Name o	of Person	Area Code Daytime	Telephone Number			
d is a check for t	he following amount:					
.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Eee, Certificate of Status & Certified Copy (additional copy is enclosed)			
	losed Articles of eturn all correspondence information of EON  Name of the content of the conten	LEONBUSINESERVICES  E-mail address: ( ther information concerning this matter, please case)  Name of Person  d is a check for the following amount:  200 Filing Fee  \$30.00 Filing Fee &	Name of Limited Liability Company  losed Articles of Amendment and fee(s) are submitted for filing.  eturn all correspondence concerning this matter to the following:  JOSE LEON  Name of Person  LBS  Firm/Company  8333 W MCNAB RD STE 115  Address  TAMARAC FLORIDA 33321  City/State and Zip Code  LEONBUSINESERVICES@GMAIL.COM  E-mail address: (to be used for future annual report notifiner information concerning this matter, please call:  EON  Name of Person  347  S136744  Area Code  Daytime  d is a check for the following amount:  .00 Filing Fee  \$30.00 Filing Fee & \$55.00 Filing Fee & Certificate of Status  Certified Copy			

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

LEON BUSINESS SERVICES, LLC				
(Name of the Limited Liability Compa (A Florida Limited)	ny as it now appears on our records.) Liability Company)			
The Articles of Organization for this Limited Liability Company florida document number <u>L17000036716</u> .	were filed on 02/15/2017		and as	signed
'his amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company here:			
LBS - LEONBUSINESERVICES, LLC				
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or	the abbrev		.L.C."
Enter new principal offices address, if applicable:	8333 WEST MCNAB ROAD SUI	ΤΕΏΙ5.	015.	eur ·
Principal office address MUST BE A STREET ADDRESS)	TAMARAC FLORIDA 33321		145	**************************************
		7. 4	S	1
			مروز علاء	
nter new mailing address, if applicable:	8333 WEST MCNAB ROAD SUIT	TE 11 <b>5</b> ,	က္ဆ	
Mailing address MAY BE A POST OFFICE BOX)	TAMARAC FLORIDA 33321	급,		
		=		
3. If amending the registered agent and/or registered of egistered agent and/or the new registered office address her		nter the	name	of the
Name of New Registered Agent:				
New Registered Office Address:	Enter Florida street address			
	emer r torua street address			
	, Florid			
	City	2.	ip 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, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

## MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
ĀP	LEON, JOSE A. SR	601 79TH STREET	
		BROOKLYN, NY 11209	Remove
			☐ Change
AP	DEEVENA LEON	11248 NW 34TH CT	<b>∃</b> Add
		CORAL SPRINGS FL 33065	Remove
			☐ Change
AP	THAIS LEON	11248 NW 34TH CT	<b>⊟</b> Add
		CORAL SPRINGS FL 33065	☐ Remove
			Change
AP	SAMUEL LEON	11248 NW 34TH CT	<b>□</b> Add
		CORAL SPRINGS FL 33065	□ Remove
			Change
AP	JASON LEON	11248 NW 34TH CT	<b>∃</b> Add
		CORAL SPRINGS FL 33065	Reality Residence
			Charite Charite
	•		n □ Adde T
			æ Co '. Æ □ Remove
			Change

LAM ALSO CHANGIN	G THE EIN NU	MBER OF TH	E LLC			
THE NEW EIN 82-3983	929					
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tive date, if other than	the date of fil	ing:			(optional)	
ffective date is listed, the date If the date inserted in th	e must be specific a	and cannot be pric	or to date of filing	or more than 90 da	ays after filing.) l	Pursuant to 60 rill not be lis
ment's effective date on the	ie Department o	f State's record	s.			
ecord specifies a dela	aved effective	date, but n	ot an effecti	ve time, at 12	2:01 a.m. o	n:the ead
e 90th day after the						= =
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