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## **COVER LETTER**

TO:	Registration S Division of Co			
SUBJEC		12th Place LLC		
	<u> </u>	Name of Limi	ted Liability Company	
The enc	losed Articles o	of Amendment and fee(s) are sub-	mitted for filing.	
Please re	eturn all corresp	condence concerning this matter	to the following:	
		Michael Leatherman SR		
			Name of Person	
		Leatherman Investiments L	.LC	
			Firm/Company	
		1815 South Club Drive		
			Address	
		Wellington, FL 33414		
			City/State and Zip Code	<del></del>
		mlawl@comcast.net		
		E-mail address: (	to be used for future annual report notifi	ication)
For furtl	ner information	concerning this matter, please ca	all:	
Michael	Leatherman		561 906-4337	
	Name	of Person	Area Code Daytime	Telephone Number
Enclose	d is a check for	the following amount:		
□ <b>\$</b> 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 Addr	ress:	Street Address:	tion

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

TO:

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

103 North 12th Place LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) and assigned Florida document number 02/27/2017 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Leatherman Investments LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 1815 South Club Drive Enter new principal offices address, if applicable: Wellington, FL 33414 (Principal office address MUST BE A STREET ADDRESS) 1815 South Club Drive, Enter new mailing address, if applicable: Wellington, FL 33414 (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 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 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	Membe

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
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	<del></del>		□Add
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			□Change
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	Michael Leat	nennan Sr.								

Filing Fee: \$25.00