L17000049880

(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

Division of Corporations	
SUBJECT: Lea Com at Puloco 2LC Nume 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:	
Timothy L. Shebeigh Name of Person Leg Comport Pulow UC Him/Company 4750 Ridge Dy # 207 A Widness Seminale FL. 33772 City/State and Zip Code Leg Code Leg Comport Pulow UC Him/Company The Code Leg Code Le	0.5 (1.95) (1.55
For further information concerning this matter, please call:	8174 8174
Timothy L. Strebeighat (1727) 692 - 1409 Name of Person Daytime Telephone Number	iows E
Enclosed is a check for the following amount: S25.00 Filing Fee	

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

2019 OC1 S2 bH 3:30

进行人 经通过



November 18, 2019

TIMOTHY L STREBEIGH LEG COMFORT PILLOW LLC 7750 RIDGE DR., #207A SEMINOLE, FL 33772

SUBJECT: LEG COMFORT PILLOW LLC

Ref. Number: I.17000049880

We have received your document for LEG COMFORT PILLOW LLC. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$25.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing Senior Section Administrator

Letter Number: 619A00023647

www.sunbiz.org

DO DOM 2005 TO 11 1 200

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Dynited Liability) Company (A Floridal Limited Lia	Partition 2LC (as it now appears on our records.) (ability Company)	
The Articles of Organization for this Limited Liability Company w	rere filed on03/03/201	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	ty company here:	
N/A		
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:	N/A	3 7.8
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>
		<u> </u>
Enter new mailing address, if applicable:	N/A	7
(Mailing address MAY BE A POST OFFICE BOX)		- <u>-</u> - <u>-</u> - <u>-</u> -;;
B. If amending the registered agent and/or registered office egistered agent and/or the new registered office address here:	ce address on our records, ente	r the name of the ne
Name of New Registered Agent:	10/H	
New Registered Office Address:	Enter Florida street address	
	Florida	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>	Address	Type of Action	
AMBR	Jason Lee STREBEIGH	7750 Ridge Rd # 207 A Seminale, FL 3		
			Change	
AMBR	Kalherine 5 Makely	11125 Park Blud # 100	72 @ Remove	
			Change	
			Add	
		☐ Remove		
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			□ Remove	

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1111 ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an effe Note:	we date, if other than the date of filing: 22 2019 (optional) etive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ent's effective date on the Department of State's records.
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated _	2019. Signature of a member or authorized representative of a member
	Typed or printed name of signee Strebeigh

Page 3 of 3

Filing Fee: \$25.00