# 117000182161

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OINTERN OF CORPORATIONS

M. MILLIGAN OCT 12 2017

## **COVER LETTER**

TO: Registration Section Division of Corporat	ions	•	
SUBJECT: Lesle	A Lind Ent	EY DE Seed Liability Company	LLC
The enclosed Articles of Amer	adment and fee(s) are subm	nitted for filing.	
Please return all correspondence	ee concerning this matter to	o the following:	
	Lesley	Name of Person	
_	LesleyLine	Finis Company	s LLC
	2918 Baysho	re Pointe C Address	<u> </u>
_		F   336    City/State and Zip Code	
- <del></del>	E-mail address: (to	3 @ hrighth be used for future annual re	port notification)
For further information concer	ning this matter, please cal	l:	
Les (cy Li	in ()	at ( <u>813</u> ) Area Code	368-8386 Daytime Telephone Number
Enclosed is a check for the foll	owing amount:		
\$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 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



Lessley Lind Enterprises LL (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 Company were filed on  $\frac{8/25/2617}{}$  and assigned Florida document number <u>L17000182161</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 "L.C." or the abbreviation "L.L.C." 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: Finter Florida street address \_\_, Florida \_\_\_\_

#### 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>Tétic</u>	<u>Name</u>	Address	Type of Action
MER Owner	Name Lesley Lin(/	Address 2918 Bay share Pointe Dr Tampa, 71 33611	Add
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Affective date, if other than the fan effective date is listed, the date me hate: If the date inserted in this i	e date of filing:  ist be specific and cannot be prior to date lock closs not meet the applicable su	(option: of filing or more than 90 days after file	ul) ing.) Pursuant to 605.020 de will not be listed a
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<b>Nated</b> <u>/c</u> // 26 /7			
——————————————————————————————————————	Signature of a member or authorized r		71
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	Typed or printed name	of agree	17 9: 14
			9:1
	Page 3 of	3	-

Filing Fee: \$25.00