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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : SELLAR, SEWELL, RUSS, SAYLOR & JOHNSON, P.A.  
Account Number : I20010000127  
Phone : (352)787-2308  
Fax Number : (352)787-4341

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: MADKINS@907WEBSTER.COM

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
JOHN LEININGER ENTERPRISES LLC**

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

JUL -8 2022

M. SOLOMON

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Corporate Filing Menu

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2022 JUL -7 AM 11:45

2022 JUL -7 AM 11:46

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**ARTICLES OF AMENDMENT  
 TO  
 ARTICLES OF ORGANIZATION  
 OF**

John Leininger Enterprises LLC

(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 10/16/17 and assigned  
 Florida document number L17000213373

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 "LLC."

Enter new principal offices address, if applicable:

15742 CR 448

(Principal office address MUST BE A STREET ADDRESS)

Tavares, FL 32778

Enter new mailing address, if applicable:

15742 CR 448

(Mailing address MAY BE A POST OFFICE BOX)

Tavares, FL 32778

**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:

Patricia R. Leininger

New Registered Office Address:

15742 CR 448

Enter Florida street address

Tavares

Florida 32778

City

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.*

*Patricia R. Leininger*

If Changing Registered Agent, Signature of New Registered Agent

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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>           | <u>Address</u>               | <u>Type of Action</u>                      |
|--------------|-----------------------|------------------------------|--------------------------------------------|
| MGR          | John L. Leininger     | 7311 #2 Road                 | <input type="checkbox"/> Add               |
|              |                       | Howey In The Hills, FL 34737 | <input checked="" type="checkbox"/> Remove |
|              |                       |                              | <input type="checkbox"/> Change            |
| MGR          | Patricia R. Leininger | 15742 CR 448                 | <input checked="" type="checkbox"/> Add    |
|              |                       | Tavares, FL 32778            | <input type="checkbox"/> Remove            |
|              |                       |                              | <input type="checkbox"/> Change            |
|              |                       |                              | <input type="checkbox"/> Add               |
|              |                       |                              | <input type="checkbox"/> Remove            |
|              |                       |                              | <input type="checkbox"/> Change            |
|              |                       |                              | <input type="checkbox"/> Add               |
|              |                       |                              | <input type="checkbox"/> Remove            |
|              |                       |                              | <input type="checkbox"/> Change            |
|              |                       |                              | <input type="checkbox"/> Add               |
|              |                       |                              | <input type="checkbox"/> Remove            |
|              |                       |                              | <input type="checkbox"/> Change            |
|              |                       |                              | <input type="checkbox"/> Add               |
|              |                       |                              | <input type="checkbox"/> Remove            |
|              |                       |                              | <input type="checkbox"/> Change            |

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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FIGURE 1

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

(If an effective 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)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of (b) The 90th day after the record is filed.

Dated

June 2, 2022

Patricia R. Leininger

Signature of a member or authorized representative of a member

Patricia R. Leininger

Typed or printed name of signer

(((H22090231669.9)))