

L17000246794

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000307189510

01/02/18--01010--003 \*\*25.00

18 JAN -2 AM 5:44

ALLAHASSI



COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT:

Leizyold Properties LLC  
Name 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:

Simon Leizyold  
Name of Person

Leizyold properties LLC  
Firm Company

10151 Islewood crt  
Address

Bonita Beach, FL 33437  
City/State and Zip Code

info@a2plumbing.com  
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

Simon Leizyold  
Name of Person

at 561  
Area Code

305 2594  
Daytime Telephone Number

Enclosed is a check for the following 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

Leitzgold Properties 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 12/1/7 and assigned  
Florida document number 217-000246794

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 "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

Enter Florida street address

City 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

RECEIVED  
18 JAN - 2 AM 5:46  
TALLAHASSEE, FL  
SECRETARY OF STATE

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	Simon Leitzold	10151 isk wald cat	<input checked="" type="checkbox"/> Add
		Brynton Beach, Fl	<input type="checkbox"/> Remove
		334137	<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

I am just adding myself  
as manager to this Parent  
Bar Request

any questions call 561 305 2194

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 \_\_\_\_\_

Signature of a member or authorized representative of a member

Typed or printed name of signee

Simon Leizgold

Page 3 of 3

Filing Fee: \$25.00

18 JAN - 2 AM 5:46  
STATE FARM  
FALL HARBOR, N.J.  
60