

18000005895

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

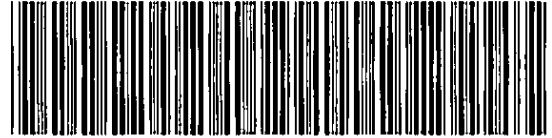
(Document Number)

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Special Instructions to Filing Officer:

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000313678650

06/18/18--01001--021 **16.25

05/23/18--01025--016 **43.75

FILED
18 JUN 14 AM 9:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUN 20 2018



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 1, 2018

JOHN LE BOEUF
228 SHARWOOD DR
NAPLES, FL 34110

SUBJECT: LEBOEUF LLC
Ref. Number: L18000005895

RECEIVED
2018 JUN 14 AM 10:56
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FL

We have received your document for LEBOEUF LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a FLORIDA LLC. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons
Regulatory Specialist III

Letter Number: 818A00011394

I have also included a check for \$16.25 to cover the difference between the \$43.75 paid and on file and the \$60 check on the form.

John LeBoeuf

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: LeBoeuf 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:

John Le Boeuf
Name of Person
LeBoeuf LLC
Firm/Company
228 Sharwood Drive
Address
Naples, Florida 34110
City/State and Zip Code
john@leboeuf.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

John Le Bocuf 239 500-4500
_____ at (_____) _____
Name of Person Area Code 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**

LeBoeuf 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 1/1/2018 and assigned
Florida document number L18000005895

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

LeMadonie LLC

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:

228 Sharwood Drive

(Principal office address MUST BE A STREET ADDRESS)

Naples, Florida 34110

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 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

Florida

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.

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>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<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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_____	_____	_____	<input type="checkbox"/> Change

FILED
JUN 14 PM 9:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

18 JUN 14 AM 9:11
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TALLAHASSEE, FLORIDA

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JUN 14 AM 9:11
18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

Dated 6/9/2018

John Le Bocuf

Typed or printed name of signee