LIEUGGA97

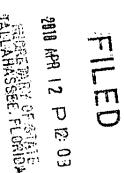
(Requestor's Name)
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COVER LETTER

Div	ision of Corp	orations		
SUBJECT:	LEENAYA			
SOBJECT.		Name of Lim	nited Liability Company	
The enclosed	Articles of A	mendment and fee(s) are sub	omitted for filing.	
Please return	all correspon	dence concerning this matter	to the following:	
		HECHAM CHOUAIBI		
			Name of Person	
			Firm/Company	
		9505 HWY 39 S		
			Address	
		PLANT CITY FL 33567		
		HARSHA.TAS@GMAIL.C	City/State and Zip Code	
		-	to be used for future annual report notificat	tion)
For further in	nformation co	ncerning this matter, please c	all:	AHASSEE
НЕСНАМ С	HOUAIBI		813 476-5042 at ()	
	Name of	Person		elephone Number
Enclosed is a	check for the	following amount:		
□ \$25.00 F	iling 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:

TO:

Registration Section

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**

LEENAYA 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 Florida document number L18000066497	were filed on and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	oility company here:
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2203 SOUTH ALEXANDER ST
(Principal office address MUST BE A STREET ADDRESS)	PLANT CITY
	FL 33563
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2203 SOUTH ALEXANDER ST PLANT CITY
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	ffice address on our records, enter the name of the new
Name of New Registered Agent:	क्रीति । चित्र चित्र
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>	Name	Address	Type of Action
			☐ Remove
			☐ Change
			□ Add
			□ Remove
			Change
			Remove
			Change Add M
			∑ Change
		<u> </u>	□ Remove
			Change
			Add
			□ Remove
			□ Change

D. If ar	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	•
<u>Note</u>	etive date, if other than the date of filing:
f the re b) Th	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Date	APRIL 19, 2018.
	(Charles and the contract of
	Signature of a member or authorized representative of a member
	HECHAM CHOUAIBI Typed or printed name of signee
	i ypcu or printed name of signee

Page 3 of 3

Filing Fee: \$25.00