

L18000091425

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

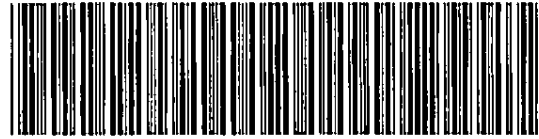
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2018 OCT 17 AM 11:30

SECRETARY OF STATE
TALLAHASSEE, FL

PL 26

S. PRATHER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LEONDRAS Home Away From Home Limited Liability Company
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:

HEDA D. POTTINGER
Name of Person

Firm/Company

1650 Margaret St. Ste 302-349
Address

Jacksonville, Fla. 32204 US
City/State and Zip Code

mspottingerh@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Heda Pottinger at (904) 226-6399
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 14, 2018

HEDA D. POTTINGER
1650 MARGARET ST
STE 302-349
JACKSONVILLE, FL 32204

SUBJECT: EMERALD COAST HOME SERVICEZ LLC
Ref. Number: L18000091452

We have received your document for EMERALD COAST HOME SERVICEZ LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Missing pages 2 of 3 and 3 of 3

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

If you have any questions concerning the filing of your document, please call (850) 245-6900.

Stacy Prather
Regulatory Specialist III

Letter Number: 718A00016768

2018 OCT 17 AM 11:05

(1)

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

LEONdres Home Away From Home
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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SECRETARY OF STATE
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 3-29-2018 and assigned
Florida document number L18000091452.

This amendment is submitted to amend the following:

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

LEONdres Home Away From Home Limited Liability Company
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)

2116 McMillian St.

Jacksonville Fla.

32209

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1650 Margaret St. Ste. 302-349

Jacksonville Fla

32204

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

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>
	N/A		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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

N/A

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

9/14/2018

Heda Pottinger

Signature of a member or authorized representative of a member

HEDA POTTINGER

Typed or printed name of signee

2018 OCT 17 AM 11:30
SECRETARY OF STATE
TALLAHASSEE, FL

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