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TO:

Registration Section
Division of Corporations

Registration Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

LEFRAN	CO LLC			
SUBJECT:	Name of Lin	ited Liability Company		
	f Amendment and fee(s) are sub	_		
Please return all corresp	ondence concerning this matter	to the following:		
	Francisco Sanchez			
	 _	Name of Person		
	LEFRANCO LLC			
		Firm/Company		
	200 5th JPV St			
	 :-	Address		
	Winter Haven, FL 33880			
	franco042873@yahoo.com	City/State and Zip Code		
		to be used for future annual report notifi	cation)	
For further information	concerning this matter, please concerning	all:		- La
Francisco Sanchez		863 618-9087		100
Name	of Person	Area Code Daytime	Telephone Number	- 1 Per 1:
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 F Certificate of S Certified Copy (additional copy is	Status &
* MAII	LING ADDRESS:	STREET/COURIE	ER ADDRESS:	

Registration Section

Clifton Building

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	FRANCOLLC	
(<u>Name of the Limited Liabili</u> (A Florida	ity Company as it now appears on our records.) a Limited Liability Company)	
The Articles of Organization for this Limited Liability C	Company were filed on 01/01/2019	and assigned
Florida document number L18000210809	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the designation "LLC" or the al	obreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDI	RESS)	
		·
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regis registered agent and/or the new registered office add	stered office address on our records, <u>enter</u> ress here:	the name of the ne
		E super
Name of New Registered Agent:)
New Registered Office Address:		To the
	Enter Florida street address	70 71
	Florida	<u> </u>
	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>	Type of Action
MGR	Rogelio Leon		
	-	2220 111	
		2339 King Ave Auburndale, FL 33833	= n
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tive date, if other than the date of filing: flective date is listed, the date must be specific and cannot b	e prior to date of filing or more than 90 days after filing.) Pursuant to 605.0.
If the date inserted in this block does not meet the ment's effective date on the Department of State's re	applicable statutory filing requirements, this date will not be listed
ment serietive date on the Department of State STe	colus.
acord chacifies a delayed effective date. he	ut not no officialise binns at 12/01 and an the sandiaus
e 90th day after the record is filed.	ut not an effective time, at 12:01 a.m. on the earlier
·	
d_1/1/2019	
Signature of a member of	
	A

Page 3 of 3

Filing Fee: \$25.00