

# L18000224028

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

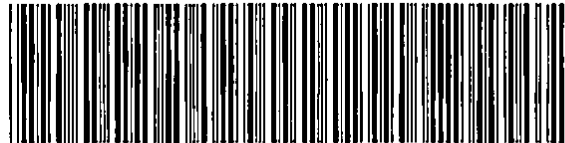
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

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2019 SEP 16 AM 8:20  
SUGG  
TALLAHASSEE, FL

SEP 17 2019



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 21, 2019

HUAMEI LI DAVIS  
10513 SW MEETING ST UNIT 103  
PORT ST LUCIE, FL 34987

SUBJECT: LEIGH H LLC  
Ref. Number: L19000224028

We have received your document for LEIGH H 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):

The titles you have listed for the individuals or business entities which will manage the limited liability company are not acceptable. We cannot accept the terms: partner, officer, owner or member. You must insert the letters "MGRM" for each individual or business entity that is a member and will serve in a managerial capacity. If the individual or business entity is not a member, but will serve in a managerial capacity, you must insert the letters "MGR." We will also accept "Authorized Representative", "Authorized Person", and "Authorized Member".

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Catherine M Wood  
Regulatory Specialist II

Letter Number: 519A00017253

2019 SEP 16 PM 11:22

RECORDED

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: LEIGH L 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:

Huamei Li Davis  
Name of Person

LEIGH L LLC  
Firm/Company

10513 SW Meeting Street unit 103  
Address

Port St. Lucie, FL 34987  
City/State and Zip Code

xiaoranling98@outlook.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Xiaoran Ling at ( 803 ) 603 - 3180  
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 &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

LEIGH L LLC

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

2019 SEP 16 AM 8:20  
FILED  
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 9/17/2018 and assigned  
Florida document number L18000224028

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 "LLC."

**Enter new principal offices address, if applicable:**

**(Principal office address MUST BE A STREET ADDRESS)**

10513 SW Melting Street  
Unit 103  
Port St. Lucie, FL 34987

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

10513 SW Melting Street  
Unit 103  
Port St. Lucie, FL 34987

**B. If amending the registered agent and/or registered office address on our records, enter the name of the n  
registered agent and/or the new registered office address here:**

Name of New Registered Agent:

Huamei Li Davis

New Registered Office Address:

10513 SW Melting Street unit 103

*Enter Florida street address*

Port St. Lucie, Florida 34987  
*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.*

Huamei Li Davis

**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>                      |
|--------------------------------|------------------------------|---|--|
| <u>MGR</u><br><del>owner</del> | HL<br><u>Huamei Li Davis</u> | <u>10513 SW Meeting Street unit 103</u> | <input type="checkbox"/> Add               |
|                                |                              | <u>Port St. Lucie, FL 34987</u>         | <input type="checkbox"/> Remove            |
|                                |                              |   | <input checked="" type="checkbox"/> Change |
| <u>MGR</u>                     | <u>Xiaoran Ling</u>          | <u>10513 SW Meeting Street unit 103</u> | <input checked="" type="checkbox"/> Add    |
|                                |                              | <u>Port St. Lucie, FL 34987</u>         | <input type="checkbox"/> Remove            |
|                                |                              |   | <input type="checkbox"/> Change            |
|                                |                              |   | <input type="checkbox"/> Add               |
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[illegible]

**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.

(b) The 90th day after the record is filed.

Huamei Li Davis  
Signature of a member or authorized representative of a member

\_\_\_\_\_  
Huamei Li Davis  
Typed or printed name of signee