

11/13/2018

05:53 AM PST

TO: 18506176383 FROM: 9166791357

Page: 2

11/9/2018

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : LICENSE EXAM SERVICES
Account Number : I20120000042
Phone : (941)706-2336
Fax Number : (866)473-0571

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FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: jamieleigh37@yahoo.com

T. CLINE

NOV 14 2018

LLC AMND/RESTATE/CORRECT OR M/MG
RESIGN
LEIGH'S CONSTRUCTION & RENOVATIONS, LLC

EXAMINER

| | |
|-----------------------|---|
| Certificate of Status | 0 |
| Certified Copy | 0 |

11/13/2018

05:58 AM PST

TO:18506176383 FROM:9166741357

Page: 3

11/9/2018

Division of Corporations

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|------------------|---------|
| Page Count | 07 |
| Estimated Charge | \$25.00 |

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CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LEIGH'S CONSTRUCTION & RENOVATIONS,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:

JAMIE L LEIGH

Name of Person

LEIGH'S CONSTRUCTION & RENOVATIONS,LLC

Firm/Company

4561 EMERSON AVENUE SOUTH

Address

ST PETERSBURG, FL 33711

City/State and Zip Code

ROBIN@NEEDFLORIDALICENSE.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ROBIN OCONNOR

Name of Person

941

Area Code

706-2336

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

RECEIVED
DIVISION OF STATE
TALLAHASSEE, FL 32301

2018 NOV 13 PM 1:32

FILED

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LEIGH'S CONSTRUCTION & RENOVATIONS, 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 10/31/2018 and assigned
Florida document number L18000256383.

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 "L.L.C."

Enter new principal offices address, if applicable:

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

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 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

City

Florida

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> |
|--------------|---------------|---------------------------|---|
| MGR | JAMIE L LEIGH | 4561 EMERSON AVENUE SOUTH | <input checked="" type="checkbox"/> Add |
| | | ST PETERSBURG, FL 33711 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
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ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 11/13/2018 BY 60322
UCBA

11/13/2018

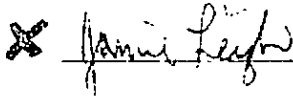
E. Effective date, if other than the date of filing: _____ (optional)

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

Dated NOVEMBER 8 2018



Signature of a member or authorized representative of a member

JAMIE L LEIGH

Typed or printed name of signer

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J. L. L.
CLERK OF STATE
TALLAHASSEE, FLORIDA