L19060182470

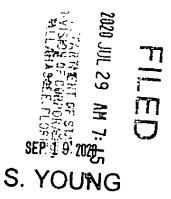
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COVER LETTER

TO: Registration Section Division of Corpor			
SUBJECT:(LEANING E	XPERTZ LCC ited Liability Company	
	Name of Lim	ited Liability Company	
The enclosed Articles of An	nendment and fec(s) are sub	mitted for filing.	
Please return all corresponde	ence concerning this matter	to the following:	
	Dom	Name of Person	
		Firm/Company	
	7333 PINE F	FOREST RD WT 10	54
	PENSAGOL	A FL 33Sa 6 City/State and Zip Code	
-		City/State and Zip Code XP ERT 20 VAHOO. (to be used for future annual report notif	
For further information conc	erning this matter, please ca	all:	
DOM IN IQUE Name of Pe	GREEN TSON	at (<u>754)</u> <u>862 –</u> Area Code Daytime	CXCG P: Telephone Number
Enclosed is a check for the fo	ollowing amount:		
当\$25,00 Filing Fee	□ \$30,00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Fiting Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Sec Division of Corp P.O. Box 6327		Street Address: Registration Sec Division of Corp The Centre of T	porations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liab) (A Flori	DERTZ LLC ility Company as it now appears on our records.) da Limited Liability Company)
The Articles of Organization for this Limited Liability Florida document number <u>L19000182470</u>	/ \ \tag{1.00}
This amendment is submitted to amend the following:	Section 1987 Section 1987 Section 1987
A. If amending name, enter the new name of the lin	nited liability company here:
The new name must be distinguishable and contain the words "Li Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADD	mited Liability Company," the designation "LLC" or the abbreviation "L.L.C." PRESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	ed office address on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	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>	Address	Type of Action
CEO	Steven L Dunklin	3911 Crons Ave Pensacula fl. 33	£ 95 _{□Add}
			BKemove
			□Change
			□Add
			Remove
			□Add
			□Remove
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			□Remove
			□Change

Page 2 of 3

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	· · · · · · · · · · · · · · · · · · ·
(If an ef Note:	tive date, if other than the date of filing:
) The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	Signature of a member or authorized representative of a member
	Steven Dunk in DOMINIGH GREEN Typed or printed name of signee

Page 3 of 3