

L19 000196053

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

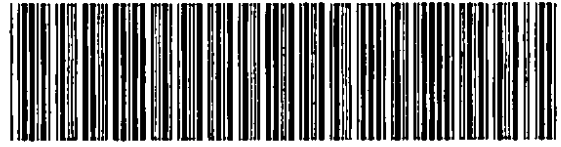
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



800382909978

04 156/22--00103--002 \*\*15.00

SECRETARY OF STATE  
TALLAHASSEE, FL

2022 APR -6 AM 8:00

FILED

cf 4/23/2022



**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

**FILED**

Leigh Schindbeck LLC

2022 APR -6 AM 8: 00

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

SECRETARY OF STATE  
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 07/31/2019 and assigned Florida document number L19000196053.

This amendment is submitted to amend the following:

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

Hey Leigh LLC

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:**

13508 Texas Sage Place

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

Riverview, FL 33579

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

13508 Texas Sage Place

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

Riverview, FL 33579

**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>
MGRM	Leigh Ann Jones	13508 Texas Sage Place	<input checked="" type="checkbox"/> Add
		Riverview, FL 33579	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	Leigh Ann Schindlbeck	13508 Texas Sage Place	<input type="checkbox"/> Add
		Riverview, FL 33579	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

