L19000249444

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COVER LETTER

TO: Registration So Division of Cor		•	•	
Leogert II.	LLC			
SUBJECT:	Name of Lin	nited Liability Company		2
				023
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		2023 OCT -1,
Please return all correspo	ondence concerning this matter	to the following:		A
	Jaclyn Muskat			
		Name of Person		- ~
		Firm/Company		_
	6405 Via Rosa			
	·	Address		_
	Boca Raton, Florida 3343.	3		
	jm@reatty.com	City/State and Zip Code		_
		to be used for future annual report noti	fication)	
For further information of	concerning this matter, please c	all:		
Jaclyn Muskat		561 703-3700 at (
Name o	of Person		e Telephone Numbe	<u></u>
Enclosed is a check for the	he following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifie	ate of Status &
Mailing Address		Street Address:		
Registration 9 Division of C		Registration Sec Division of Cor		
P.O. Box 632		The Centre of T		

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

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

Leogert II, LLC

(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number L19000249444	7
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "Ll.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	23317 Torre Circle
(Principal office address MUST BE A STREET ADDRESS)	Boca Raton, FL 33433
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	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
	City Zin 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 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>	Name	Address	Type of Action
MGR	Bette Muskat	23317 Torre Circle, Boca Raton, FL33433	= Add
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			□Change
			□Remove
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ted September 29 2023	e time, at 12	2:01 a.m. on t	he earlier of	`:(b) Th	(C)0111	

Filing Fee: \$25.00