

L190000249444

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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10/04/23--01015--017 **25.00

2023 OCT -4 AM 8:47

A. PARISHANI

OCT 15 2023

COVER LETTER

TO: Registration Section
Division of Corporations

Leogert II, LLC

SUBJECT: _____
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:

Jaclyn Muskat

Name of Person

Firm/Company

6405 Via Rosa

Address

Boca Raton, Florida 33433

City/State and Zip Code

jm@reatty.com

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

For further information concerning this matter, please call:

Jaclyn Muskat

561

703-3700

at (_____) _____

Name of Person

Area Code

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

2023 OCT -1, AM 8:47

2023 OCT -4: AM 8:47

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

This amendment is submitted to amend the following:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Boca Raton, FL 33433

Zip Code

If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager
AMBR = Authorized Member


AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Bette Muskat	23317 Torre Circle, Boca Raton, FL33433	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			2023 OCT 11 13:08:47 <input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			11:38:47 <input type="checkbox"/> Change
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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.

Dated September 29, 2023


Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00