

# L20000 68370

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Crawing / mine)
(Document Number)
Certified Copies Certificates of Status
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Special Instructions to Filing Officer:
(12)

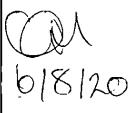
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#### FLORIDA DEPARTMENT OF STATE Division of Corporations

May 21, 2020

COURTNEY BAKER 11261 HOWARD RD NORTH FORT MYERS, FL 33917

SUBJECT: LECORE EQUIPMENT LLC

Ref. Number: L20000068370

We have received your document and check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 820A00010244

Querida R Moore Regulatory Specialist II

www.sunbiz.org

### **COVER LETTER**

TO:

Tallahassee, FL 32314

TO: Registration Section Division of Corporations	
SUBJECT: LECORE Equipore Natural L	pment . imited Liability Company
The enclosed Articles of Amendment and fee(s) are s	ubmitted for filing.
Please return all correspondence concerning this matt	er to the following:
- Cantu	Parter Name of Person
LECORE	EGUI PMONT  Firm/Company
112 Lei Hai	Address
North Fatt	City/State and Zip Code  20 C (mai) (m)  s: (to be used for future annual report notification)
E-mail address For further information concerning this matter, please	
Courtney Baker Name of Person	at (234) 284-0027 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
☐ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)  S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section	Street Address: Registration Section
Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

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

FILED

2020 JUH - 1 PH 1: 24

LEWRE EQUIPT	1 Liability Compan A Florida Limited Li	y as it now appears on our recor ability Company)	SECRETARY OF STAR TALLAHASSEE, FLORE, ds.)
The Articles of Organization for this Limited Lia Florida document number \( \bigcup_20000 \( \bigcup_3 \)	bility Company v るろし	vere filed on <u>3-02-2</u>	and assigned
This amendment is submitted to amend the follow	wing:		
A. If amending name, enter the new name of	the limited liabil	ity company here:	
The new name must be distinguishable and contain the wo Enter new principal offices address, if applica (Principal office address MUST BE A STREET	ble:	y Company," the designation "L.L.	C" or the abbreviation "L.L.C."
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE B	<u>:(),()</u>		
B. If amending the registered agent and/or reagent and/or the new registered office address		ldress on our records, <u>ente</u>	r the name of the new registered
Name of New Registered Agent:	(cutry	y Barrer	<u></u>
New Registered Office Address:	11761	HOWARD (C) Enter Florida street addre	258
	N.Ft.M	Hers Be , F	Torida 33417

#### 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>	<u>Name</u>	Address	Type of Action
MGR	Cantaly Barber	112101 Hwardrd	DAdd
			Remove
AMBR	Poxance Crawford	117 Lu Haward rd	DAdd
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
			□Remove
			[] Change
	·	<u></u>	□Add
			□Remove
			□ Change
			□Remove
			□Change

If am	ending any other information, enter change(s) here: (Attach additional sheets. if necessary.)
(If an e Note	tive date, if other than the date of filing:
he reco	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the illed.
Dated	April 27 . 2020.
	ampon
	Signature of a member or authorized representative of a member
	Cautney Bave C Typed or printed name of signee