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(Re	questor's Name)	
(Ad	ldress)	
(Ad	ldress)	_
(Cit	ty/State/Zip/Phone	e #)
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COVER LETTER

Division of Co	rporations			
Leighton R	teal Estate, LLC			
	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	John S Leighton III			
		Name of Person		
	Leighton Real Estate, ELC			
		Firm/Company		
	Post Office Box 1273			
		Address		
	Stuart, Florida 34995			
		City/State and Zip Code		· · · · · · · · · · · · · · · · · · ·
	john@leighton.cc			<u>.</u>
		to be used for future annual re	port notification)	
For further information c	concerning this matter, please ca	all:		
John S Leighton III		772 263- at ()	0500	
Name o	f Person	Area Code	Daytime Telepho	ne Number
Enclosed is a check for the	he following amount:			
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclo		\$60.00 Filing Fec, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:

TO:

Registration Section

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ZCZ: -8 P" 2:16

Leighton Real Estate, LLC.				~ .0
(Name of the Limit	ed Liability Com (A Florida Limited	pany as it now appears on o d Liability Company)	ur records.)	•
The Articles of Organization for this Limited Li	ability Compar	ny were filed on May 22,	2020	and assigned
Florida document number L20000144079				
This amendment is submitted to amend the follo	owing:			
A. If amending name, enter the new name of	the limited lia	bility company here:		
N/A				
The new name must be distinguishable and contain the w	ords "Limited Lia	bility Company," the designa	tion "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applic	able:	N/A		
(Principal office address MUST BE A STREE	T ADDRESS)			
Enter new mailing address, if applicable:		N/A		
(Mailing address MAY BE A POST OFFICE)	<u>BOX)</u>			
B. If amending the registered agent and/or reagent and/or the new registered office addres		e address on our record	s, <u>enter the name</u>	of the new registered
Name of New Registered Agent:	N/A			
New Registered Office Address:		Enter Florida str	reet address	
			, Florida	
		City		Zip Code
New Registered Agent's Signature, if changing R	egistered Agen	<u>t:</u>		,

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	Laura K. Leighton	Post Office Box 1273, Stuart, FL 34995	□Add
			≅Remove
			□Change
	N/A		□Add
			□Remove
			Change
	N/A		□Add
			□Remove
			☐ Change
	N/A		
			□Remove
			□Change
	N/A		□Add
			□Remove
	N/A 		□Add
			□Remove
			□Change

N/A 	
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<u> </u>	
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ote: If the date inserted in	n the date of filing:
record specifies a delayed e is filed.	ffective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
June 6	2020
ated	·
	Signature of a member or authorized representative of a member
John S Leighton I	