

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: LECASH PROPERTY SOLUTIONS LLC
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:

LARRY PRINCE, Jr.
Name of Person
LECASH PROPERTY SOLUTIONS LLC
Firm/Company
2474 S CORAL TERRACE CIRCLE
Address
DELRAY BEACH, FL 33445
City/State and Zip Code
LECASHPROPERTY SOLUTIONS@GMAIL.COM
E-mail address: (to be used for future annual report notification)

22 SEP 16 AM 10:00
DIVISION OF CORPORATIONS
STATE OF FLORIDA

For further information concerning this matter, please call:

SERGIO MORALES at (817) 800-0665
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

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>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
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_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change

STATE OF ILLINOIS
DIVISION OF COMMERCE
22 SEP 16 AM 10:00
RECEIVED

