

L20000 196065

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

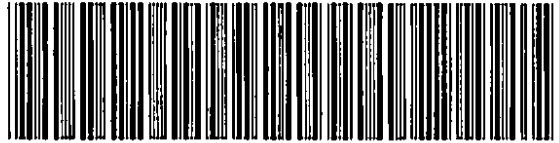
(Business Entity Name)

(Document Number)

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S. YOUNG

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## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: BORIS LEON LCC

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:

BORIS LEON

Name of Person

BORIS LEON LLC

Firm/Company

1171 NW 15TH AVE #201 BOCA RATON 33486

Address

BOCA RATON FLORIDA, 33486

City/State and Zip Code

BORISLEON@HOTMAIL.COM

BORIS LEON 98 @ Hotmail.com

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

For further information concerning this matter, please call:

BORIS LEON

505

492-8871

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

**If Changing Registered Agent, Signature of New Registered Agent**

**MGR = Manager**  
**AMBR = Authorized Member**

**AMBR = Authorized Member**

[illegible]

[illegible]

If the record 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 record is filed.

Boris Leon  
Signature of a member or authorized representative of a member

Typed or printed name of signee

**Filing Fee: \$25.00**