## LZ1000018357

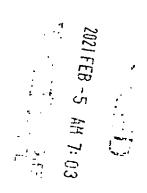
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## **COVER LETTER**

TO: Registration Section Division of Corporations						
CHD IEC	LESLIE MIN			a 5 -		
SUBJECT: Name of Limited Liability Company						
The enclo	sed Articles of A	mendment and fee(s) are sub-	mitted for filing.			
Please ret	urn all correspon	dence concerning this matter	to the following:			
		LESLIE MINK				
			Name of Person			
		LESLIE MINK, LLC				
			Firm/Company			
		131 HARRIS BLVD				
			Address	·· ·		
		INDIALANTIC, FL 32903	3			
			City/State and Zip Code			
		lesliemink83@yahoo.com	to be used for future annual	report politication	<u> </u>	
For furthe	r information co	neerning this matter, please ca		report normeation.	,	
	R. MURPHY	, , , , , , , , , , , , , , , , , , , ,		7-2900		
	Name of	Person	Area Code	Daytime Telepl	hone Number	
Enclosed	is a check for the	following amount:				
<b>■</b> \$25.0	0 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enc		\$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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	LESLIE MINK LLC	2021 FEB -5 AM 7: 0:	2
( <u>Name of the Limited Lia</u> (A Flo	ibility Company as it now a prida Limited Liability Comp	oppears on our records.)	<del>}</del>
The Articles of Organization for this Limited Liabilit Florida document number L21000018357			: and assigned
This amendment is submitted to amend the following	<u>;</u> :		
A. If amending name, enter the new name of the	limited liability compa	ny here:	
The new name must be distinguishable and contain the words "	Limited Liability Company,	"the designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET <u>AD</u>	ODRESS)		
		<del></del>	
Enter new mailing address, if applicable:			<u>.</u>
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>		
B. If amending the registered agent and/or registon agent and/or the new registered office address her		our records, enter the nam	e of the new registered
Name of New Registered Agent:			
New Registered Office Address:	Ente	er Florida street address	
	, Florida		
<del></del> -	City		Zip Code

## 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		222		
<u>Title</u>	Name	Address 2021 FEB -5	AH 7: 03 Type of Action	
AMBR	LESLIE MINK		<u></u> □Add	
		INDIALANTIC. FL 32903	•	
			Change	
	· · · · · · · · · · · · · · · · · · ·			
		·-	□Remove	
			Change	
		<del> </del>	□Add	
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			□Change	
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 2021 FEB -5 E. Effective date, if other than the date of filing: \_\_\_\_\_\_ (optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) 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. 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. Dated \_\_\_ 2021 Signature of a member or authorized representative of a member LESUIE MINK Typed or printed name of signee

Filing Fee: \$25.00