# h21000325817

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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U8/16/21--U1U42--UU4 \*\*3U.UU

### **COVER LETTER**

**Registration Section** 

TO:

Division of Cor	porations				
James & Si	lvia LLC				
SUBJECT:Name of Limited Liability Company					
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	James Hammond				
		Name of Person			
		Firm/Company			
	PSC 103 Box 3409				
		Address			
	APO, AE, 09603				
		City/State and Zip Code			
	Jamus39@gmail.com E-mail address: (	to be used for future annual report not	ification)		
For further information c	oncerning this matter, please c	·			
James Hammond 443 4352197					
Name o	f Person	Area Code Daytin	ne Telephone Number		
Enclosed is a check for the	ne following amount:				
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Address		Street Address: Registration Se	ection		
Registration Section Division of Corporations		e e	Division of Corporations		
P.O. Box 6327		The Centre of	The Centre of Tallahassee		
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

James & Silvia LLC			
( <u>Name of the Limited Liability Compa</u> (A Florida Limited	nny as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company lorida document number $\frac{1.21000325817}{2.000000000000000000000000000000000000$	were filed on July 16, 2021 and assigned		
his amendment is submitted to amend the following:			
. If amending name, enter the new name of the limited liab	ility company here:		
LESCA LLC			
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "L.L.C" or the abbreviation "L.L.C."		
nter new principal offices address, if applicable:	1860 Eagle Trace Blvd		
Principal office address MUST BE A STREET ADDRESS)	Coral Springs, FL. 33071		
nter new mailing address, if applicable:	PSC 103 Box 3409		
Mailing address MAY BE A POST OFFICE BOX)	APO, AE. 09603		
s. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the name of the new regist</u>		
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street address		
<del></del>	, Florida		

#### 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 Changing Registered Agent, Signature of New Registered Agent

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
Mr	James Hammond	1860 Eagle Trace Blvd	□Add
		Coral Springs FL 33071	<b>■</b> Remove
			□Change
Mrs.	Silvia Hammond	1860 Eagle Trace Blvd	□Add
		Coral Springs, FL 33071	Remove
		<del></del>	□Change
AMBR Jam	James Hammond	1860 Eagle Trace Blvd	■ Add
		Coral Springs, FL. 33071	□Remove
			□Change
AMBR	Silvia Hammond	1860 Eagle Trace Blvd	<b>⊞</b> Add
		Coral Springs, FL. 33071	□Remove
		-	□ Change
			□Remove
			☐ Change
			□Add
			□Remove
			□ Changa

D. If amer	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an effective Note:   I	the date, if other than the date of filing:
f the record ecord is file	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 d.
Dated _	James Hammond Jr.  Typed or printed name of signee
	James Hammond Jr. Typed or printed name of signee