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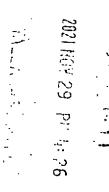
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## **COVER LETTER**

TO:

Registration Section **Division of Corporations** 

	RONLEA CT, LLC		
SUBJECT:	Name of Lin	nited 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:	
	Gary Deese		
		Name of Person	-
	3253 SW RONLEA CT, L	LC	
		Firm/Company	-
	7474 Hazelwood Circle		
		Address	-
	Lake Worth, FL 33467		
	<del></del>	City/State and Zip Code	-
	deeselisa@yahoo.com		
	E-mail address: (	to be used for future annual report notification)	~ >
For further information c	oncerning this matter, please c	rall:	7021 HOY
Gary Deese		561 888-9787	2 40
Name o	f Person	Area Code Daytime Telephone Number	9
			P: 4:
Enclosed is a check for the	ne following amount:		1. 2
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certified	ling Fee. te of Status &
Mailing Addres		Street Address:	
Registration S		Registration Section	
Division of C	corporations	Division of Corporations	
P.O. Box 632		The Centre of Tallahassee	1.0
Tallahassee, l	rl 32314	2415 N. Monroe Street, Suite 8	10

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	NLEA CT, LLC	
(Name of the Limited Liability Compar (A Florida Limited L	ıy as it now appears on our records.) iability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L21000486742</u> .	were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or the ab	obreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, enter the nam	ne of the new registered
		202
Name of New Registered Agent:		<u> </u>
New Registered Office Address:		72 NO 112
	Enter Florida street address	<del>7</del>
	, Florida	
Num Desired Annual Cinneau (C.L.)	City	- Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as pabeing filed to merely reflect a change in the registered office a company has been notified in writing of this change.	performance of my duties, and I am J rovided for in Chapter 605, F.S. Or,	familiar with and if this document is

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
MGR	Gary Deese	7474 Hazelwood Circle Lake Worth, FL 33467	🗐 Add
			□ Remove
			□Change
<u>_</u>	<del></del>		□Add
			□Remove
			□ Change
			□Add
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			□ Change

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fective date, if other than the date of filing:	(optional)	ı
an effective date is listed, the date must be specific and cannot be prior to date of ote: If the date inserted in this block does not meet the applicable state	f filing or more than 90 days after filing utory filing requirements, this date	.) Pursuant to 605.02 will not be listed
ocument's effective date on the Department of State's records.		
record specifies a delayed effective date, but not an effective time, at 12 is filed.	2:01 a.m. on the earlier of: (b) Th	ie 90th day after th
November 18 2021		
May Dew Signature of a member or authorized rep		

Filing Fee: \$25.00