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(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
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SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration So Division of Cor				
SUBJECT:	Leach Ente	corises LLC		
	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	S	Cotty Leach Name of Person	.	
		Firm/Company		
	1012 W.	Morse Street	 ೫.0	2022
	Plant (Sty, FL 33563 City/State and Zip Code		2022 OCT 26 PH 1:5
		rprise@ autlook. Cor	n ication)	
For further information c	oncerning this matter, please ca	all:	141 141 141 141	<u>5</u>
Scotto Name o	y Leach		: 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 F Certificate of S Certified Copy (additional copy is	Status &
Mailing Addres Registration S Division of C	Section	Street Address: Registration Sec Division of Cor		
P.O. Box 632	.7	The Centre of T		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	Enter Florida st City	. Florida	
<u>Name of New Registered Agent:</u>		rect address	
<u>Name of New Registered Agent:</u>			
agent and/or the new registered office address here:			
	NAME OF THE OFFI		
	311411 1955 1111 11111 1 1 1 1 1 1 1 1	is, enter the name of	the new register
	adduses on our passure	le entar the name of	Ch the new register
		771 C/2	
(Mailing address MAY BE A POST OFFICE BOX)			
Enter new mailing address, if applicable:			
		<u> </u>	022 0
(Principal office address MUST BE A STREET ADDRESS)		- Ca	
Enter new principal offices address, if applicable:			
The new name must be distinguishable and contain the words "Limited Liab	itity Company," the designa	ition "LLC" or the abbrev	iation "L.L.C."
A. If amending name, <u>enter the new name of the limited lial</u>	oility company here:		
This amendment is submitted to amend the following:			
Florida document number <u>L22000158237</u> .			
The Articles of Organization for this Limited Liability Company	wwere filed on	1-22	and assigned
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	Ciabinty Company)		

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
AMBR	Jeremy Dye	201 24th Ave SW Ruskin FL 33570	ZAdd
			□Remove
			□Change
	 		🗆 Add
			□Remove
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ective date, if oth reflective date is liste te: If the date inse cument's effective o	d, the date must be a rted in this block	specific and cann does not meet t	ot be prior to da he applicable	ite of filing or mo	re than 90 days aft	er filing.) Pu	irsuant to II not be	605.020 listed a
cord specifies a de s filed.	layed effective da	te, but not an e	ffective time,	at 12:01 a.m. o	n the earlier of: (b) The 9	0th day	after the
ed	10-20)	22					
	1.# 1 <i>///</i> /							