

L22 000 358 677

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

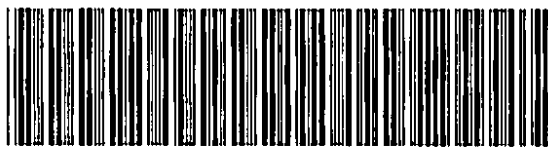
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

[Signature]



000394009320

09/16/22--01015--005 **25.00

22 SEP 16 AM 9:58

RECEIVED BY MAIL
DIVISION OF CORPORATIONS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LESLIE LOVE LEES LLC
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:

Leslie A. Lees
Name of Person

Leslie Love Lees LLC
Firm/Company

5520 DEER TRACKS TRAIL
Address

LAKE AND, FLORIDA 33811
City/State and Zip Code

leslielees13@gmail.com
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

Leslie A. Lees at (813) 397-8492
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

22 SEP 16 AM 9:58

RECEIVED
DIVISION OF CORPORATIONS

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

LESLIE LOVE LEES LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on Aug 15, 2022 and assigned Florida document number 122000358677

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

5520 DEER TRACKS TRAIL
LAKE LAND
FLORIDA 33811

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

5520 DEER TRACKS TRAIL
LAKE LAND
FLORIDA 33811

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

leslie A lees

New Registered Office Address:

5520 DEER TRACKS TRAIL
Enter Florida street address

LAKE LAND Florida
City

33811
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.

leslie A lees
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>	<u>Address</u>	<u>Type of Action</u>
MGR AGENT	ERIK TREUTLEIN	LEGAL INC. CORPORATE SERVICES INC. 5237 SUMMERLIN COMMONS BLVD. SUITE 400 FORT MYERS, FL. 33907	<input checked="" type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

I am removing the registered agent (completely)
LEGALINC CORPORATE SERVICES INC.
5237 SUMMERLIN COMMONS BLVD
SUITE 400
FORT MYERS, FL. 33907

I INTEND TO BE MY OWN AGENT
LESLIE A. LEES
5520 DEER TRACKS TRAIL
LAKE/AND, FL. 33811

22 SEP 16 AM 9:58

DEPARTMENT OF STATE
DIVISION OF CORPORATION

E. Effective date, if other than the date of filing: Aug 15 2022 (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 Sept 14th, 2022.

Leslie A. Lees
Signature of a member or authorized representative of a member

LESLIE A. LEES
Typed or printed name of signer