L23 000051123

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COVER LETTER

TO:

Registration Section

Division of Cor	porations			
Gunner Les	slie Real Estate 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:		
	Gunner Leslie			
		Name of Person		•
		Firm/Company		-
	417 Stimson Street			
		Address		-
	Orlando, Florida 32839			- B
	gunnerlestieind@gmail.con E-mail address: (City/State and Zip Code n (to be used for future annual report no	otification)	2623 V.W. 15
For further information c	oncerning this matter, please c	all:		:
Gunner Leslie		407 949-2100 at ()		· · · · · · · · · · · · · · · · · · ·
Name o	f Person	Area Code Dayti	me Telephone Number	
Enclosed is a check for th	ne following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &
Mailing Addres Registration S		Street Address: Registration S	ection	
Division of Corporations		Division of Co The Centre of	orporations	
P.O. Box 632 Tallahassee, I			rananassee oe Street, Suite 8	10

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Gunner Leslie Real Estate LLC		
(<u>Name of the Limited Liability Com</u> (A Florida Limite	pany as it now appears on ou d Liability Company)	r records.)
The Articles of Organization for this Limited Liability Compar Florida document number <u>L23000057123</u>	ny were filed on January 3	1,2023 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liz	ibility company here:	
Gunner R Leslie LLC		
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designat	ion "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		2697
(Mailing address MAY BE A POST OFFICE BON)		
than the second		·
		
B. If amending the registered agent and/or registered office	e address on our record:	s, enter the name of the new registere
agent and/or the new registered office address here:		(2)
		· 39
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address.	Enter Florida stre	et address
		Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agen	<u>t:</u>	
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and comple, accept the obligations of my position as registered agent a being filed to merely reflect a change in the registered offic company has been notified in writing of this change.	te performance of my di s provided for in Chapte	ities, and I am familiar with and or 605, F.S. Or, if this document is
If Ch	anging Registered Agent, <u>Si</u>	nature 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
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fective date, if other than the date of filing effective date is listed, the date must be specific a ote: If the date inserted in this block does not cument's effective date on the Department of	nd cannot be prior to da t meet the applicable	te of filing or more than	(optional) 90 days after filing.) l ements, this date w	Pursuant to 605.020 ill not be listed t
ecord specifies a delayed effective date, but nois filed.	ot an effective time,	at 12:01 a.m. on the e	arlier of: (b) The	90th day after th
ated May 5	2023			

Filing Fee: \$25.00