

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**L23000370096**

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : SOUSA & ASSOCIATES INC  
Account Number : I20190000111  
Phone : (407)800-7028  
Fax Number : (407)992-9407

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
LEO'S STATE DEVELOPMENT LLC

Certificate of Status	0
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2023 AUG 18 PM 3:14

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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AUG 20 2023  
K. Brumbley

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: LEO'S STATE DEVELOPMENT 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:

Maria C Sousa

Name of Person

SA Finance & Accounting Inc

Firm/Company

5728 Major Blvd Ste 309

Address

Orlando Florida 32819

City/State and Zip Code

Licenses@safinance.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Maria C Sousa

Name of Person

at ( 407 )

Area Code

8007028

Daytime Telephone Number

Enclosed is a check for the following amount:

■

**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

Wilce Paulo Leo Neto  
ADVOCADO  
OAB/MG 108.582

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

LEO'S STATE DEVELOPMENT 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 08/07/2023 and assigned on Florida document number L23000370096

This amendment is submitted to amend the following:

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

W Leo Neto Enterprises LLC

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

SA FINANCE & ACCOUNTING INC

New Registered Office Address:

5728 MAJOR BLVD STE 309

*Enter Florida street address*

ORLANDO

*City*

Florida

32819

*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.*

M.S.  
If Changing Registered Agent, Signature of New Registered Agent

Wilce Paulo Léo Neto  
ADVOGADO  
OAB/MG 108.592

2023 AUG 18 PM 4:15

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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>
_____	_____	_____	<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
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

Wilce Paulo Léo Neto  
ADVOCADO  
OAB/MG 106.542

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

[illegible]

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (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 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 August, 18 2023

**Wilce Paulo Léo Neto**  
**ADVOGADO**  
**OAB/MG 108.592**

Signature of a member or authorized representative of a member

WILCE PAULO LEO NETO

Typed or printed name of signee