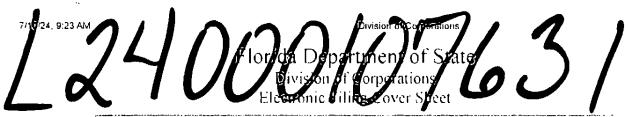
Τo.



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((11240002340503)))



Note: DO NOT bit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : I20010000062 Phone : (323)962-8600 Fax Number : (323)389-0502

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

Email	Address:	
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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN EFFORTLESLIE ENTERPRISES LLC

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$55.00

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Help

K. SALY

JUL 1 1 2024

From: Michael Matheny

### **COVER LETTER**

	stration Se ion of Cor				
(11)	EFFORTL	ESLIE ENTERPRISES LLC			
SUBJECT: _		Name of Limi	ted Liability Company	error	
The enclosed /		Amendment and fee(s) are sub-	nitted for filing.		
Please return a	ill correspo	ondence concerning this matter	to the following:		
		Mike Town			
		- <del> </del>	Name of Person	·	
		Legalzoom.com. Inc.			
			Firm/Company	<del></del>	
		9900 Spectrum Dr		•	
			Address		
		Austin, TX 78717			
		•	City/State and Zip Code	<del></del>	
		lez2times@gmail.com	,		
		E-mail address: (t	o be used for future annual report noti	fication)	
For further inf	ormation c	oncerning this matter, please ca	H:		
Mike Town			300 773-0888 at ()		
	Name o	f Person	Area Code Daytim	e Telephone Number	
Enclosed is a c	theck for th	ne following amount:			
□ \$25.00 Fil	ing Fee	☐ \$30 00 Filing Fee & Certificate of Status	S55.00 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		STREET/COURI Registration Section Division of Corpor Clifton Building	n		
er arvisti i		issee, FL 32314 1 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	1.2661. Executive Co Tallahassee, FL 32		

To:

#### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	F	IL	E	Û
2024 SES	! JUL	l o		
ALL)	HASS	Er.	£ĭ.0	Ai Rin -

EFFORTLESLIE ENTERPRISES LLC		CORDS.)
(Name of the Limited Liabi (A Flori	ility Company as it now appears on our re da Limited Liability Company)	cords.)
The Articles of Organization for this Limited Liability	Company were filed on 03/01/2024	and assigned
Florida document number L24000107631	<del></del> ·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lir	nited liability company here:	
The new name must be distinguishable and contain the words "Li	mited 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 ADD	ORESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad		ords, enter the name of the ne
Name of New Registered Agent:		
Name of New Registered Agent.	•	
New Registered Office Address:	Enter Florida street aa	ldress
		, Florida
	Cin	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.

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	Lesley Leslic	1108 Cambourne Dr Kissimmee, Fl 34758	<b>∃</b> Add
			□ Remove
			☐ Change
			Bemove The Third
			Add
			Change
	ABB 4 60 141 100 g		□ Add
			☐ Remove
			☐ Change
			□ Add
			☐ Remove
			☐ Add
			□ Remove
			□ Change

D. If amending any other informa	tion, enter change(s)	here: (Attach add	itional sheets, if nece	ssary)	
				77.	
				A JUL 10	FIL
				AM 3: 31	
E. Effective date, if other than the (If an effective date is listed, the date mus Note: If the date inserted in this bi document's effective date on the D	it be specific and cannot be ock does not meet the ap	prior to date of filing or oplicable statutory fil	more than 90 days after t	iling ) Pursuant to 605.02	07 (3)(b) as the
If the record specifies a delayed (b) The 90th day after the rec		t not an effective	e time, at 12:01 a	.m. on the earlier	of:
Dated 6,26-2	Signature of a member or	- 2authorized representati	ve of a member		
Lesley Leslic	Typed or	printed name of signee			

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