

L24000169602

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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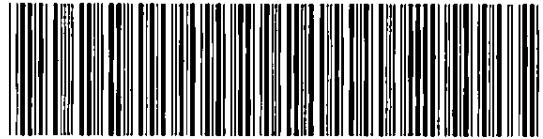
(Business Entity Name)

(Document Number)

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*MM*

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** LEELAN 360, 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:

MICHEL NUNEZ

\_\_\_\_\_  
Name of Person

LEELAN 360, LLC

\_\_\_\_\_  
Firm/Company

1490 13TH ST SW

\_\_\_\_\_  
Address

NAPLES, FL 34117

\_\_\_\_\_  
City/State and Zip Code

armando@bookkeepingnaplesflorida.com

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

For further information concerning this matter, please call:

MICHEL NUNEZ

239 401-1546

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
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

**If Changing Registered Agent, Signature of New Registered Agent**

**MGR = Manager**  
**AMBR = Authorized Member**

**AMBR = Authorized Member**

[illegible]

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

WE NEED TO CORRECT AN ERROR IN THE ARTICLES OF INCORPORATION IN THE NAME OF  
INCORPORATION IN THE NAME OF THE REGISTERED AGENT AND IN THE NAME OF THE PERSONS  
AUTHORIZED TO MANAGE MICHAEL NUNEZ AND CORRECT IS MICHEL NUNEZ

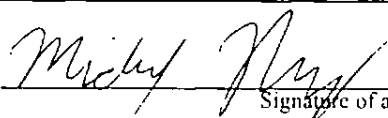
**E. Effective date, if other than the date of filing:** APRIL 10, 2024 **(optional)**

*(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 APRIL 13 2024



Signature of a member or authorized representative of a member

MICHEL NUNEZ

Typed or printed name of signee