

N24000000295

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

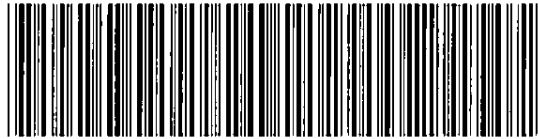
(Document Number)

Certified Copies _____ Certificates of Status _____

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2024-05-01 11:13:08

05/02/24

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Let Leona Roar Inc.

DOCUMENT NUMBER: _____

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Amanda Carrasquillo
(Name of Contact Person)

Let Leona Roar Inc.
(Firm/ Company)

8481 NW 25th CT
(Address)

Sunrise, FL 33322
(City/ State and Zip Code)

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

For further information concerning this matter, please call:

Amanda Carrasquillo at 954 - 268-4100
(Name of Contact Person) (Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> \$35 Filing Fee | <input checked="" type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy is
Enclosed) |
|--|---|---|--|

Mailing Address
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment
to
Articles of Incorporation
of

7/1/08

Let Leona Roar Inc.

(Name of Corporation as currently filed with the Florida Dept. of State)

08

(Document Number of Corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

N/A

The new

name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.

B. Enter new principal office address, if applicable:

N/A

(Principal office address MUST BE A STREET ADDRESS)

C. Enter new mailing address, if applicable:

N/A

(Mailing address MAY BE A POST OFFICE BOX)

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent:

N/A

(Florida street address)

New Registered Office Address:

N/A

(City)

Florida

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

N/A

Signature of New Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
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- | | | | |
|--|------------|----------------------------|---|
| 1) <input checked="" type="checkbox"/> Change
<input type="checkbox"/> Add

<input type="checkbox"/> Remove | <u>CEO</u> | <u>Amanda Carrasquillo</u> | <u>8481 NW 25th Ct</u>
<u>Sunrise FL 33322</u> |
| 2) <input type="checkbox"/> Change
<input checked="" type="checkbox"/> Add

<input type="checkbox"/> Remove | <u>CFO</u> | <u>Michael Lao</u> | <u>4435 SW 160th Dr</u>
<u>#207</u>
<u>Miramar FL 33027</u> |
| 3) <input type="checkbox"/> Change
<input checked="" type="checkbox"/> Add
<input type="checkbox"/> Remove | <u>S</u> | <u>Nerissa Chanin</u> | <u>6100 S Falls Cir Dr.</u>
<u>Apt 305</u>
<u>Lauderhill FL 33319</u> |
| 4) <input type="checkbox"/> Change
<input checked="" type="checkbox"/> Add

<input type="checkbox"/> Remove | <u>TR</u> | <u>Dalia Camacho</u> | <u>13412 Bedford</u>
<u>Mews Ct</u>
<u>Wellington FL 33414</u> |
| 5) <input type="checkbox"/> Change
<input checked="" type="checkbox"/> Add

<input type="checkbox"/> Remove | <u>TR</u> | <u>Ashleigh Puranda</u> | <u>2650 NW 42nd</u>
<u>Ave</u>
<u>Lauderhill FL 33313</u> |
| 6) <input type="checkbox"/> Change
<input type="checkbox"/> Add

<input type="checkbox"/> Remove | | | |

F. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary). (Be specific)

N/A

N/A

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

Effective date if applicable: 6/17/2024
(no more than 90 days after amendment file date)

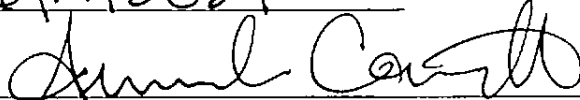
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

- ☐ The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

☒ There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated 6/17/2024

Signature 

(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Amanda Carrasquillo
(Typed or printed name of person signing)

Chief Executive Officer
(Title of person signing)



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 28, 2024

AMANDA CARRASQUILLO
8481 NW 25TH CT
SUNRISE, FL 33322

SUBJECT: LET LEONA ROAR INC.
Ref. Number: N24000000295

We have received your document for LET LEONA ROAR INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Every corporation, limited partnership, general partnership, limited liability company or non-individual listed as an applicant of a trademark or service mark must have an active registration/filing on file with this office. Enclosed please find the appropriate form(s) and/or instructions for you to complete and return to this office with the applicable filing fee(s).

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Anissa Butler
Regulatory Specialist II

Letter Number: 324A00011547

