P1700040283

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With the RECT LODAUX

C. GOLDEN SEP - 5 2017

COVER LETTER

TO: Amendment Section

Division of Corporations ·Charge to Lee Ann LeCroix, PA NAME OF CORPORATION: LecAnn LeCroix Enterprises, Inc. P17000060283 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: LeeAnn LeCroix Name of Contact Person Firm/ Company 1603 Scotten Street Address Port Charlotte, FL 33952 City/ State and Zip Code LeeAnnLeCroix@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: _ at (863) 303-4448 Area Code & Daytime Telephone Number LeeAnn LeCroix Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: □\$43.75 Filing Fee & \$35 Filing Fee **□\$43.75** Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

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	oration as currently filed with the Florida Dept. of State)
P17000000283- Lee A	n Le Croix Enterprises, Tuc.
(D	ocument Number of Corporation (if known)
	forida Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the	he corporation:
LeeAnn LeCroix, PA	The new
	word "corporation," "company," or "incorporated" or the abbreviation Corp," "Inc," or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applic (Principal office address MUST BE A STREET	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE D. If amending the registered agent and/or registered agent and/or the new registered Mame of New Registered Agent	zistered office address in Florida, enter the name of the
	(Florida street address)
New Registered Office Address:	, Florida
	nt. I am familiar with and accept the obligations of the position.
	Signature of New Registered Agent, if changing

address of each Officer : (Attach additional sheets,	and/or D if necess	irector bein ary)	g add ed :	firector being removed and title, name, and
	President	T= Treasu	rer; S= Secretary; D= Director; TR= Tr	ustee; C = Chairman or Clerk; CEO = Chief han one title, list the first letter of each office
held. President, Treasure. Changes should be noted a change, Mike Jones lea	r, Directo in the fol ves the co	r would be l lowing many prporation, S	PTD. her. Currently John Doe is listed as the F ally Smith is named the V and S. These s	PST and Mike Jones is listed as the V. There is hould be noted as John Doe, PT as a Change,
Mike Jones, V as Remove. Example:	, and Sall	y Smith, SV	as an Add.	
X Change	PT	John Doe		
X Remove	$\underline{\mathbf{V}}$	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	N	ame	<u>Addres</u> s
1)Change				
Add				
Remove				
2) Change		- -	 	
Add				
Remove				
3) Change			11	
Add				
Remove				
4) Change		_	1	
Add				
Remove				
5) Change				
Add				
Remove				
6) Change		_	11	
Add				

___ Remove

E. If amending or adding additional Article	es, enter change(s) here:
(Attach additional sheets, if necessary). ((Be specific)
Artical III	
The purpose to which this PA is organized is	to conduct business as a Licensed Real Estate Agent.
	<u> </u>
	\
F. If an amendment provides for an exchan	nge, reclassification, or cancellation of issued shares, lment if not contained in the amendment itself:
(if not applicable, indicate N/A)	meat if not contained in the amenament itself.
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	II.	
The date of each amendment date this document was signed		, if other than the
Effective date if applicable:	8/22/2017	
Effective date <u>it applicable</u> :		(no more than 90 days after amendment file date)
Note: If the date inserted in document's effective date on the		not meet the applicable statutory filing requirements, this date will not be listed as the State's records.
Adoption of Amendment(s)	(<u>CH</u>	IECK ONE)
The amendment(s) was/wer by the shareholders was/we		shareholders. The number of votes cast for the amendment(s) approval.
		e shareholders through voting groups. The following statement group entitled to vote separately on the amendment(s):
"The number of votes	cast for the ame	 ndment(s) was/were sufficient for approval
by	· · · · · · · · · · · · · · · · · · ·	,,
	(vo	ting group)
☐ The amendment(s) was/wer action was not required.	e adopted by the	
The amendment(s) was/wer action was not required.	e adopted by the	incorporators without shareholder action and shareholder
8/22 Dated	2/2017	
	Leg f	Part of Caroli
Signature	y M	ident or other officer - if directors or officers have not been
		opporator – if in the hands of a receiver, trustee, or other court
		by that fiduciary)
	LeeAnn Le	
		Typed or printed name of person signing)
	President a	nd 100% share holder
		(Title of person signing)