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## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: _	LEGALEAS	E SUPPORT S	ERVICES	, INC.
DOCUMENT NUMBER:	P2000009860	)8		
The enclosed Articles of Amenda	nent and fee are su	bmitted for filing.		
Please return all correspondence of	concerning this ma	tter to the followi	ng:	
		Sonia B	есегта	
		Name of Cont	act Person	
		Swyft I	Filings	
* · · · · ·		Firm/ Con	npany	
		3 Greenwa	y Plaza	#1320
<del></del>		Addre	SS	
	Houston,	ГХ 77046	<b>.</b>	
		City/ State and	Zip Code	
	info	@legalcorps	solution	s.com
E-mai	l address: (to be us	•		
For further information concernin	a thic matter pleas	ca call:		
	-	sc can.		
Sonia Becer	та	at (	877	777- <b>0450</b>
Name of Contact I	erson erson		Area Cod	le & Daytime Telephone Number
Enclosed is a check for the follow	ring amount made	payable to the Flo	orida Depa	rtment of State:
ū	.75 Filing Fee & ificate of Status	S43.75 Filing Certified Cop (Additional co- enclosed)	- Dy	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Addre Amendment Se Division of Cor P.O. Box 6327	ction porations		Amenda Division The Co	Address ment Section n of Corporations entre of Tallahassee
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		

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Articles of An	iendment	-	1	
to			Γ;	
Articles of Inco	rporation		<u> </u>	
LEGALEASE SUP	PORT SERVICES, INC.		25.	
(Name of Corporation as currently	filed with the Florida Dept. of State)		10	
P2000009	18608	7	9:	
(Document Number of			<del></del>	
Pursuant to the provisions of section 607.1006, Florida Statutes, this Fits Articles of Incorporation:	lorida Profit Corporation adopts the following	ng amendn	nent(s) to	
A. If amending name, enter the new name of the corporation:				
name must be distinguishable and contain the word "corporation." "co		_The ne	w	
inc., or co., or the designation Corp. "Inc. or "Co" A	mpany, or incorporated or the abbreviation professional corporation name must contain	on "Corp., n the wor	 vd	
"chartered," "professional association," or the abbreviation "P.A."			•	
B. Enter new principal office address, if applicable:	6608 Capistrano Beach Trl.			
(Principal office address MUST BE A STREET ADDRESS)	Delray Beach, FL 33483			
C C				
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	FICE BOX) 6608 Capistrano Beach Trl.			
	Delray Beach, FL 33483			
	Deliay Beach, 1 E 33403	<del></del>		
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	s in Florida, enter the name of the			
<del></del>				
Name of New Registered Agent		-		
		_		
(Florida street	address)			
New Registered Office Address:	, Florida			
(C)	(Y) (Zip C	ode)		
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.			
<b>Y</b>				
Signature of New Regi	stered Agent, if changing			
Check if applicable  The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e),				

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 tisted 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:

X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change	<u> P</u>	Bruce Lazarus	801 DELMAR WAY, SUITE 208
Add			DELRAY BEACH, FL 33483
X Remove  2) Change	<u>P</u>	Bruce Lazarus	6608 Capistrano Beach Trl
X_ Add			Delray Beach, FL 33483
Remove 3) Change	TRE	Bruce Lazarus	801 DELMAR WAY, SUITE 208
Add			DELRAY BEACH, FL 33483
X Remove	TRE	Bruce Lazarus	6608 Capistrano Beach Trl
_ <b>X</b> Add			DELRAY BEACH, FL 33483
Remove			•
5) Change	SEC	MAUREEN MINTZER	801 DELMAR WAY, SUITE 208
Add			DELRAY BEACH, FL 33483
X Remove			
6) Change	SEC	MAUREEN MINTZER	6608 Capistrano Beach Trl
X Add			DELRAY BEACH, FL 33483
Remove			

Remove	DIR	Bruce Lazarus	801 DELMAR WAY, SUITE 208	DELRAY BEACH, FL 33483
Add	DIR	Bruce Lazarus	6608 Capistrano Beach Trl	DELRAY BEACH, FL 33483
		Brado Lazaras	Coop Capistiano Deach III	DELIVAT BEACH, FE 33463
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. <u>If an amen</u>	dment pro	vides for an exchange, rec	classification, or cancellation of issued s	thares
provision:	<u>i tor imple</u>	menting the amendment in the indicate N/A)	f not contained in the amendment itself	-
(ij noi	аррисате	, maicate (V/A)		
	<del> </del>			
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11/28/2023	, if other than the
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(no more than 91) days after amendment file date)	WHO THE PERSON NAMED IN COLUMN TO TH
meet the applicable statutory filing requirements, this tate's records.	date will not be listed as the
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corporators, or board of directors without shareholder ac	ction and shareholder
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shareholders through voting groups. The following state roup entitled to vote separately on the amendment(s):	ement
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orator – if in the hands of a receiver, trustee, or other co y that fiduciary)	ourt
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/ped or printed name of person signing)	<del></del>
President	
tle of person signing)	·
	corporators, or board of directors without shareholder an areholders. The number of votes cast for the amendment proval.  thareholders through voting groups. The following state roup entitled to vote separately on the amendment(s):  ment(s) was/were sufficient for approval  group)  nt or other officer — if directors or officers have not bee orator — if in the hands of a receiver, trustee, or other contact in the provided for the state of the provided for the state of the provided for the provided for the state of the st