## 117000243312

(Re	equestor's Name)
(Ac	ddress)
(Ac	ddress)
(Ci	ity/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Bu	usiness Entity Name)
(Do	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:
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GEC ( 7 7 PRI)S J. HARRIS

## **COVER LETTER**

Division of Corporat	ions		
SUBJECT:	eading l	_i qiSCN LL(	<u></u>
The enclosed Articles of Amen	dment and fee(s) are subm	itted for filling.	
Please return all correspondence	e concerning this matter to	the following:	
	Weslt	Name of Person	210
	Leadir	S Liaison L	LC.
_	198) NW	43 rd TER F	1PT 354
_	Lauderhi	11, FL 33313 City/State and Zip Code	20
	E-mail address: (to	ley @ yahao . Co be used for future annual report notificat	ion)
For further information concern	ning this matter, please call	l:	
Wesley F	rancois	at (754) 207 - C	11 C Jephone Number
Enclosed is a check for the foll	owing amount:		
S25.00 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)

TO:

Registration Section

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Leading	Ligison LLC	1
(Name of the Limited Leabi (A Flori	ility Company as it now appears on our record on Limited Liability Company)	5.1
The Articles of Organization for this Limited Liability Florida document number <u>L170002433</u>	Company were filed on $2117$	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lir	mited liability company here:	
The new name must be distinguishable and contain the words "Li	imited Liability Company," the designation "LLC	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<del></del>	
(Principal office address MUST BE A STREET ADD	DRESS)	
Enter new mailing address, if applicable:		1
(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	distered office address on our recorded dress hore:	s, enter the name of the new
	-	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres	3
		orida
	City	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 Address 1981 NW 43 rd TER APT 354 Name <u>Title</u> MGR Wesley Francois Lauderhill, FL 33313 DAdd ☐ Remove □ Add ☐ Remove □ Change \_□ Add \_□ Remove \_□ Change ☐ Remove □ Remove <u>`</u>□ Change \_□ Remove

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Page 3 of 3

Filing Fee: \$25.00