Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000466685 3)))



				
To:	_			
	Division of Co Fax Number			3 (c)
	Tax Homoer	. (030)01/ 0303		<u> </u>
From:	A No	. While con TMC		
		: MYELC.COM, INC. r : 120130000077		<u> </u>
	Phone	: (888)886-9552		
	Fax Number	(888)776-9552		
Em	nual report mail	ss for this business lings. Enter only one lines only	e email address	please.**
Em	nual report mail ail Address:	Lings. Enter only one lives on Myles on	e email address	resign
Em	nual report mail ail Address:	CSTATE/CORRECT LEADS AND CO	e email address	resign
Em.	LC AMND/RE FONSECA	ESTATE/CORRECT LEADS AND CO	T OR M/MG	resign
Em.	LC AMND/RE FONSECA Certificate of	ESTATE/CORRECT LEADS AND CO	T OR M/MG I	resign
Em	LC AMND/RE FONSECA	CSTATE/CORRECT LEADS AND CO	T OR M/MG I	resign

HU0004466853

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

**

Fonseca Leads and Consulting LLC		
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company v. Florida document number <u>L21000047898</u>	were filed on <u>01/26/2021</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
Fonseca Roof Repairs & Consulting LLC		
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC" or the al	obreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		202
		PE -
		. 2
Enter new mailing address, if applicable:		7
(Mailing address MAY BE A POST OFFICE BOX)		
		8
B. If amending the registered agent and/or registered office adagent and/or the new registered office address here:	dress on our records, <u>enter the nam</u>	e of the new registered
Name of New Registered Agent:		·
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pr being filed to merely reflect a change in the registered office a company has been notified in writing of this change.	erformance of my duties, and I am j ovided for in Chapter 605, F.S. Or,	familiar with and if this document is

HUCOOYULOLOGEST3

If Changing Registered Agent, Signature of New Registered Agent

HUCOOHLELEUSK 3

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 Title Name Address Type of Action ______DAdd _____ ___ DAdd ______ Change _____ □Remove _____ Change

H2100041406853

_____ Remove

H2100041411853

). If amer	iding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
-	
_	
_	
_	
_	
-	
_	
_	
_	
_	
-	
(If an effect Note: If	e date, if other than the date of filing: (optional) ive 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) the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the it's effective date on the Department of State's records.
the record : cord is filed	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
Dated D	ecember 23, 2021
,	· Abtro
	Signature of a member of sythorized representative of a member
	Jose Fonseca Jr.

Filing Fee: \$25.00

Typed or printed name of signee

H21000466683