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2022 SEP 16 AM 7: 37 SECNETARY DE STATI

c 12/14/2022

COVER LETTER

	Registration Se Division of Cor			
, eur le <i>c</i>	LEADERS	MANAGEMENT SERVICES	, LLC	,
SUBJEC	l;	Name of Lim	ited Liability Company	
The english	م مداماند المدا	Amount and fools are much	mitted for files	
		Amendment and fec(s) are sub ondence concerning this matter	-	
riease ren	im an correspo	indence concerning this matter	to the following.	
		VITAL, WILL		
			Name of Person	·
		 	Firm/Company	
		2512 WEST COLONIAL	OR	
			Address	
		ORLANDO, FLORIDA 32	2804	
		WLVITAL@GMAIL.COM	City/State and Zip Code	
		E-mail address: (to be used for future annual report no	tification)
For furthe	r information c	oncerning this matter, please ca	all:	
VITAL, V	VILL		407 800-1773	
-	Name o	f Person	Area Code Daytii	me Telephone Number
Enclosed i	is a check for th	he following amount:		
□ \$25.0	0 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
F	1ailing Addres Registration S	Section	Street Address: Registration S	
	Division of C P.O. Box 632		Division of Co The Centre of	

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

LEADERS MANAGEMENT SERVICES, LLC

2022 SEP 16 AM 7: 37

(Name of the Limited Liab	ility Company as it now appears on our ida Limited Liability Company)	records.) OF OUT TAKE A
(A Flor	ida Limited Liability Company)	SECRETARY OF STATE TALLAHASSEE. FL
The Articles of Organization for this Limited Liability	Company were filed on 09/22/2021	
Florida document number L21000418544	·	•
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
LEADERS TRANSPORTATION SERVICES, LLC		
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADI	DRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register agent and/or the new registered office address here		enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street o	address
		, Florida
	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 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	VITAL, YOLINE	2512 WEST COLONIAL DR	= Add
		ORLANDO, FL 32804	□Remove
			□Change
			□Add
			□Remove
			Change
			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
			□Remove
			□Change
			□Add
			□Remove
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			□Add
			□Remove
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			□Remove
			□ Change

	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)
• —	
	
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Note: If the	date, if other than the date of filing:
e record sp rd is filed.	secifies 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	09/09/2022 . 1:30Pm
	Signature of a member or authorized representative of a member
	Typed or printed name of signee

Filing Fee: \$25.00