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SECRETARY OF STATE
SECRETARY OF STATE

EXAMINER
DEC 8 2010

COVER LETTER

	Registration Section Division of Corporations					
SUBJECT	r: ALL AMEF	RICAN LEADS, L.L.C.				
	Name of Limited Liability Company					
The enclos	sed Articles of Amendment and fee(s) are	submitted for filing.				
Please retu	urn all correspondence concerning this ma	atter to the following:				
		MANUEL ALEIXO				
		Name of Person				
		Firm/Company				
	495 BRICKELL AVENUE # 903 Address					
		MIAMI, FLORIDA 33131				
	F-mail addres	City/State and Zip Code Kevin@dennislegal.com ss: (to be used for future annual report notification)				
For further	r information concerning this matter, pleas	•				
Kevin D. Dennis		at (305) 577-0311 Area Code & Daytime Telephone Number				
Enclosed i	is a check for the following amount:					
	Filing Fee \$\bigcup\$30.00 Filing Fee &\bigcup Certificate of Status	S55.00 Filing Fee & S60.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)				
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

FILED

10 DEC -7 PM 2:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ALL (Name of the Limited	AMERICAN	LEADS, L.L.C.	AL	-AHASSEE, FLORID			
(A	Florida Limited I	ny as it now appears on Liability Company)	· our records				
The Articles of Organization for this Limited Li Florida document number L0000000		were filed on	08/14/2000	and assigned			
This amendment is submitted to amend the following	owing:						
A. If amending name, enter the new name of	f the limited liab	ility company here:					
The new name must be distinguishable and end wit "L.L.C."	th the words "Lim	ited Liability Company,"	the designation "L	LC" or the abbreviation			
Enter new principal offices address, if applicable:		495 BRICKELL AVENUE # 903					
(Principal office address MUST BE A STREE	MIAMI, FLORIDA 33131						
•							
Enter new mailing address, if applicable:		495 BRICKELL AVENUE # 903					
(Mailing address MAY BE A POST OFFICE BOX)		MIAMI, FLORIDA 33131					
B. If amending the registered agent and/oregistered agent and/or the new registered of			records, <u>enter t</u>	he name of the new			
Name of New Registered Agent:	ANA MARIA DIVO ALEIXO						
New Registered Office Address:	New Registered Office Address: 495 BRICKELL AVENUE # 903						
	Enter Florida street address						
		MIAMI	, Florida	33131			
		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 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. Thereby 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records: 11 MGR = Manager MGRM = Managing Member Title **Name** Address **Type of Action** MGRM ANA MARIA DIVO ALEIXO 495 BRICKELL AVENUE # 903 ✓ Add Remove MIAMI, FLORIDA 33131 ☐ Add ☐ Remove ☐ Add Remove Remove \square Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) MANUEL ALEIXO SHALL BE REMOVED AS MGRM AND REPLACED AS MGR Dated Signature of a member or authorized representative of a member MANNEL Aleixo
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00