

LD4 000066879

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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Emmanuel **GAVE**
AUTHORIZATION BY PHONE TO
CORRECT ADDRESS (RA)
DATE 6/29/05
DOC. EXAM. _____



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06/24/05--01023--002 **25.00

FILED
05 JUN 24 PM 1:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Culligan JUN 30 2005

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ATLEADS LLC
(Name of Limited Liability Company)

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

EMMANUELE ZUCCARELLI
(Name of Person)

ATLEADS LLC
(Firm/Company)

101 PLAZA REAL SOUTH SUITE 208
(Address)

BOCA RATON FL 33432
(City/State and Zip Code)

For further information concerning this matter, please call:

EMMANUELE ZUCCARELLI at (561) 400-2323
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$25.00 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)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

ATLEADS LLC

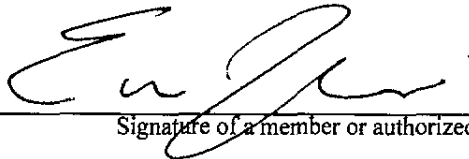
(Present Name)
(A Florida Limited Liability Company)

FIRST: The Articles of Organization were filed on 9/13/04 and assigned
document number LO4000066879.

SECOND: The following amendment(s) to the Articles of Organization was/were adopted by the limited
liability company:

- 1) ADDRESS CHANGE TO: ATLEADS LLC
ALSO Registered Office 101 PLAZA REAL SOUTH SUITE 208
BOCA RATON FL 33432
- 2) CHANGE REGISTERED AGENT TO: EMMANUELE ZUCCARELLI
- 3) DELETE MANAGER: MILLENEX INTERNATIONAL INC

Dated 6/23, 2005.



Signature of a member or authorized representative of a member

EMMANUELE ZUCCARELLI

Typed or printed name of signee


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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Filing Fee: \$25.00

NEW REGISTERED AGENT

6/23/05

I EMMANUELE ZUCCARELLI AM FAMILIAR WITH
AND I ACCEPT THE OBLIGATIONS OF THE POSITION
OF REGISTERED AGENT.



6/23/05

EMMANUELE ZUCCARELLI

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05 JUN 24 PM 1:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA