

W8000017328

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

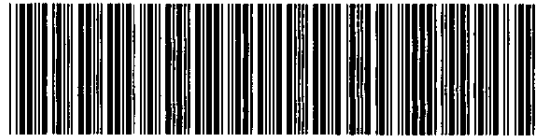
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

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2009 FEB 23 AM 11:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. CLINE

FEB 24 2009

EXAMINER

February 20, 2009

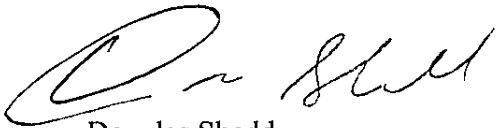
Comprehensive Leads  
Douglas Shedd  
6421 S. Congress Ave  
Suite 201  
Boca Raton, FL 33487  
February 20, 2009

Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

To Whom it May Concern:

I am changing my address and removing two members from my company.

Sincerely,



Douglas Shedd  
Director  
Comprehensive Leads

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Comprehensive Leads  
(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:

Douglas P Shedd  
(Name of Person)

Comprehensive Leads  
(Firm/Company)

6421 S. Congress Ave (New)  
(Address)

Boca Raton FL 33487  
(City/State and Zip Code)

608 SE 9th Ave  
Delray Beach FL 33483  
(OLD)

For further information concerning this matter, please call:

Douglas Shedd at ( 561 ) 886-0990  
(Name of Person) (Area Code & Daytime Telephone Number)

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TALLAHASSEE, FLORIDA

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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)

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**

Comprehensive Leads

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 2-18-2008 and assigned  
Florida document number 608000017328.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and end with the words "Limited 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 ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

6421 S Congress Ave  
Suite 201  
Boca Raton, FL 33487  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
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**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

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 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, 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 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:

MGR = Manager  
MGRM = Managing Member

| Title | Name              | Address                                | Type of Action   |
|-------|-------------------|--|--|
| MGRM  | Philip A Caliendo | 13693 Exotic Ln<br>Wellington FL 33414 | <input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove |
| MGRM  | Lochelle Adler    | 1438 N Gower ST<br>Hollywood, CA 90028 | <input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove |
|       |                   |  | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|       |                   |  | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|       |                   |  | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|       |                   |  | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Signature of a member or authorized representative of a member  
Douglas P Shedd  
\_\_\_\_\_  
Typed or printed name of signee

FILED  
FEB 23 11:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA