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SECRETARY OF STATE.
ALLAHASSEE, FI ORINA

2009 MAY -8 PH 4: 02

COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	Leads	INBox LLC	
	Name of Limit	ted Liability Company	
	Amendment and fee(s) are sub		
		Richard Badolato	
		Name of Person	
		Firm/Company	
		PO Box 4972	
		Address	
	Fort Lau	iderdale,Florida 33338	-4972
	ule -	City/State and Zip Code	
	E-mail address: (adolato@bellsouth.net to be used for future annual repo	rt notification)
For further information of	concerning this matter, please o	eall:	
Ric	hard Badolato	at (305)	325-6400
Name	of Person	Area Code & 1	Daytime Telephone Number
Enclosed is a check for t	the following amount:		
\$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is en	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
MAII	LING ADDRESS:	STREET/C	OURIER ADDRESS:

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

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Lea (<u>Name of the Limited Liability</u> (A Florida L	ds InBox LLC Company as it now appe imited Liability Company	ars on our records.)		
The Articles of Organization for this Limited Liability C Florida document number	ompany were filed on	April 29th,2009	and assigned	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limi	ted liability company he	e <u>re</u> :		
The new name must be distinguishable and end with the wor "L.L.C."	ds "Limited Liability Com	pany," the designation '	'LLC" or the abbreviat	_ ion
Enter new principal offices address, if applicable:			ECRE	(7°-
(Principal office address MUST BE A STREET ADDR	(ESS)			T.
Enter new mailing address, if applicable:	***************************************	, , , , , , , , , , , , , , , , , , , ,	RY OF STA	n J
(Mailing address MAY BE A POST OFFICE BOX)			2 2	-
B. If amending the registered agent and/or regist registered agent and/or the new registered office addi	ered office address on ress here:	our records, enter	the name of the n	<u>ew</u>
Name of New Registered Agent:	* 100000 PM-1407		·	_
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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGRM	Richard Badolato	3038 North Federal Hwy Suite B Fort Lauderdale, Florida 33306	✓ Add Remove
<u>MGRM</u>	Steve Smith	3038 North Federal Hwy Suite B Fort Lauderdale, Florida 33306.	✓ Add ☐ Remove
MGRM	Ken Peer	3038 North Federal Hwy Fort Lauderdale, Florida 33306	✓ Add Remove
			Add Remove
- · · · · · · · · · · · · · · · · · · ·			Add Remove
	·		Add Reggove REGGOVE REGGOVE REGGOVE REGGOVE REGGOVE
D. If am	ending any other information, enter ch	ange(s) here: (Attach additional sheets, if necessary	888
	Please change all titles on memb		PH 4: 02
Dated	5-4-09		<u> </u>
	- R	moer or authorized representative of a member	
	T	yped or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00