LD9000041460

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AUG - 7 2009

EXAMINER

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SECRETARY OF STATE
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COVER LETTER

TO: · Registration Section

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

LeadsInBox LLC SUBJECT: Name of Limited Liability Company The englosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Richard Badolato Name of Person LeadsInBox LLC Firm/Company PO Box 4972 Address Fort Lauderdale, Florida 33338 City/State and Zip Code rbadolato@bellsouth.set E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Area Code & Daytime Telephone Number Richard Badolato Name of Person Enclosed is a check for the following amount: \$30.00 Filing Fee & \$55.00 Filing Fee & \$60.00 Filing Fee, **▼** \$25.00 Filing Fee Certificate of Status & Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) STREET/COURIER ADDRESS: **MAILING ADDRESS:** Registration Section Registration Section Division of Corporations Division of Corporations

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LeadsinBox LLC (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 onL0900004346C and assigned				
Florida document number05-08-09				
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)				
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:				
- Control of the cont				
Name of New Registered Agent:				
New Registered Office Address:				
Enter Florida street addrys,				
, 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 are finite with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, while 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 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>	Address	Type of Action
MGRM	Richard Badolato	PO Box 4972 Fort Lauderdale, Elonda 33338	Add Remove
MGRM	Ken Peer	3038 Federal Hwy. Suite B Fort Lauderdale, Florida 33338	Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amend	ding any other information, ente	r change(s) here: (Attach additional sheets, if necess	eary.)
-			
Dated	08-05-09		FILI NIG-6 CRETARY LAHASSI
	Signature of a	member or authorized representative of a member Richard Badolato Typed or printed name of signee	DF STATE
		Page 2 of 2	S m N

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Filing Fee: \$25.00