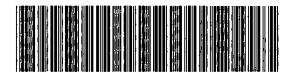
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J. BRYAN

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EXAMINER

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COVER LETTER

TO:	Registration Section
	Division of Corporations

SUBJECT:	Levera	ge Equity LLC		
	Name of Limi	ted Liability Company		
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
		James Barron	5 5	FILEU STATE
		Name of Person	LECR	品工
Leverage Equity LLC		五四		
		Firm/Company	SEE	i z m
	6	S11 South Dixie Drive	· -	F 5
		Address		56
	Howey	In The Hills, Florida 34737	·	T-
	<u></u>	City/State and Zip Code		
	h	owey611@gmail.com		
		to be used for future annual report notific	ation)	
For further information	concerning this matter, please of	eall:		
Ja	ames Barron	at (352)	89-3064	
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	

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

Leverage Equity 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 on 12/01/09 L09000114286 Florida document number This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Leverage Equity Consultants LLC 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: N/A (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: P.O.Box 174 (Mailing address MAY BE A POST OFFICE BOX) Howey In The Hills, Florida 34737 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

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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 <u>Address</u> **Type of Action** N/A N/A N/A Add Remove □ Add Remove ☐ Add ☐ Remove Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) N/A December 9 Dated Signature of a member or authorized representative of a member **James Barron**

Typed or printed name of signee
Page 2 of 2

Filing Fee: \$25.00