# L10000069254

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(Address)					
(Address)					
(City/State/Zip/Phone #)					
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09/23/10--01011--025 \*\*25.00



J. BRYAN

SEP 24 2010

**EXAMINER** 

# **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Leadfile 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:	
Ryan Meill Name of Person	
Lead fire LLC Firm/Company	
10.30 West heritage claub CIV	SECRET
Delray Beach FL 33/23 City/State and Zip Code	FILED SP 23 M 12: 2 LANSSEE, FLOR
E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:	Dai 10
Name of Person at ()  Area Code & Daytime Telephone Numbe	г
Enclosed is a check for the following amount:	
(additional copy is enclosed) Certified	ate of Status &

## 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

_ Lead Fire	LLC				
(Name of the Limited) (A	<mark>Liability Company a</mark> Florida Limited Liabi	s it now appe lity Company	ars on our rec	ords.)	•
The Articles of Organization for this Limited Lia	ability Company we		, 1	and	assigned
Florida document number <u>L100000</u>	09254		1 /		
This amendment is submitted to amend the follo	wing:				
A. If amending name, enter the new name of	the limited liability	z company h	ere:		•
The Altitude ground The new name must be distinguishable and end with "L.L.C."	the words "Limited	Liability Com	pany," the desig	gnation "LLC" or t	he abbreviation
Enter new principal offices address, if applica	ble:				
(Principal office address MUST BE A STREET	(ADDRESS)			<u> </u>	<u> </u>
	_			ALL	<b></b>
				ALA T	\frac{\pi}{2}
Enter new mailing address, if applicable:	_			SSE	23
(Mailing address MAY BE A POST OFFICE BOX)				rich The	골 ㅁ
	_				<u>\forall 22</u>
B 16 11 41 14 1 14 1			•	DA	20
B. If amending the registered agent and/o registered agent and/or the new registered off		address on	our records,	enter the nam	e of the new
			- 11		
Name of New Registered Agent:	Kyan	MN	eill		
New Registered Office Address:	1030 WE	ist her	Hage Cl Inter Floridas	ub Cirtreet address	<del></del>
	Delray	Beach	<u>)                                    </u>	orida <u>334</u>	83
	10	ity .		Zip C	ode

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 amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM =	Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			Kemove
			Add Remove
		-	
			Add Remove
,			
			Add Remove
			∏Add
			Remove
	<u> </u>		Add
D. If amer	nding any other information, enter ch	ange(s) here: (Attach additional sheets, if necessary.)	)
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_		<del></del>	SE F
_			FILED P 23 PM ASSECTION
	9/21 , 2	<u>1010</u> .	FILED SEP 23 PM 12: 20 FIASSHEE HALE
Dated	7	D Pres	20 [E
	Senature of a men	fiber or authorized representative of a member	
	Ryan M	Neill	
	<i>l</i> Ty	ped or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00