

L12000114701

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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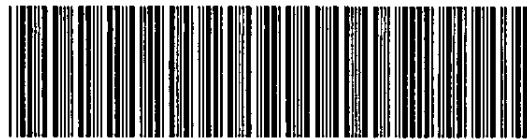
(Business Entity Name)

(Document Number)

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TALLAHASSEE FLORIDA

SEP 13 2013

D. BRUCE

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: LEADWORKS, 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:

Tiffany J. Eaton, Esq.

Name of Person

Cove & Associates, PA

Firm/Company

225 S. 21 Avenue

Address

Hollywood, FL 33020

City/State and Zip Code

jeremy@leadworkslc.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tiffany J. Eaton, Esq.

Name of Person

954 921-1121

at ()

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 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

FedEx priority

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

LEADWORKS, 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 09/07/2012 and assigned
Florida document number L12000114701.

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)

141 NW 20th Street

Suite F7

Boca Raton, FL 33431

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

141 NW 20th Street

Suite F7

Boca Raton, FL 33431

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TALLAHASSEE FLORIDA

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: Jeremy D. Klein

New Registered Office Address: 141 NW 20th Street, Suite F7
Enter Florida street address

Boca Raton, Florida 33431
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>	<u>Type of Action</u>
MGMR	Jeremy D. Klein	141 NW 20th Street	<input checked="" type="checkbox"/> Add
		Suite F7	<input type="checkbox"/> Remove
		Boca Raton, FL 33431	
MGMR	Jeremy D. Klein		<input type="checkbox"/> Add
		8713 VISTA DEL BOCA DRIVE	<input checked="" type="checkbox"/> Remove
		Boca Raton, FL 33433	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

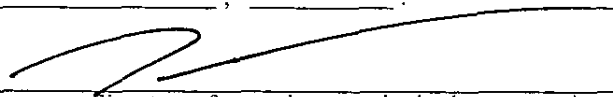
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TALLAHASSEE FLORIDA

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

• _____
• _____
• _____

Dated August 21, 2013





Signature of a member or authorized representative of a member

Jeremy D. Klein

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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