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(Re	questor's Name)	
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(Cit	ty/State/Zip/Phone	e #)
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COVER LETTER

TO: Registration Section
Division of Corporations

BIECT: Leading Americas Consulting 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:

Frank S Lin

Name of Person

Leading Americas Consulting LLC

Firm/Company

1425 St. Gabrielle Lane #4203

Address

Weston, FL 33326

City/State and Zip Code

linfranks@hotmail.com

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

For further information concerning this matter, please call:

Frank S Lin

ູ_{, 1}954 ,719-7012

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 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Leading Americas Consulting LLC				
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records	.)	•	
(A Fiorita Enimea E	mainty Company)			
The Articles of Organization for this Limited Liability Company	were filed on 4/11/2013	and	assigne	d
Florida document number L13000053100			_	
Piorida document number				
This amendment is submitted to amend the following:		NA-4		
A. If amending name, enter the new name of the limited liab	ility company here:	ali ca En Es	(22)	
			詔	ar at your to
The new name must be distinguishable and end with the words "Limi	ited Liability Company " the designati	on "LLC" or t	hc/abbre	viation
"L.L.C."	ind Bladmy Company, we available	42	Ö	
Estancia unicai al affina adduse if ambiachlas	1425 St. Gabrielle Lan	e #4203		
Enter new principal offices address, if applicable:	Weston, FL 33326	22	<u></u>	• •
(Principal office address MUST BE A STREET ADDRESS)	Weston, I E 33320	<u> </u>	<u> </u>	
		~		
Enter new mailing address, if applicable:			<u></u>	···-·
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered of	ffice address on our records, en	ter the nam	e of th	ie new
registered agent and/or the new registered office address her				
Name of New Registered Agent:				
New Registered Office Address:	Enter Florida stree	t addrage		
	Enter Pioriaa Stree	i uuuress		
	, Florid			
	City	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 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 **Title Name** <u>Address</u> **Type of Action** 13557 SW 142 Terrace Raul Lopez Jr. **MGRM** Miami, FL 33186 Remove Remove Remove Remove

		
		
December 23	2013	
Jak		
Signati	ure of a member or authorized representative of a member	
Frank S Lin		
	Typed or printed name of signee	
	Page 3 of 3	注
	Filing Fee: \$25.00	