## L170000 57100

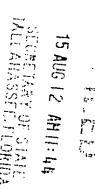
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J SHIVERS

## **COVER LETTER**

TO: Registration 9 Division of Co		·	
Leading A	Americas Consulting LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corres	nondence concerning this matter	to the following:	
	Frank S Lin		
		Name of Person	
	Leading Americas Consult	ing LLC	
		Firm/Company	
	15800 Pines Blvd., Suite 3	083	
		Address	
	Pembroke Pines, FL 33027	· .	
	linfranks@hotmail.com	City/State and Zip Code	
	<del>-</del>	to be used for future annual report notifi	cation)
For further information	concerning this matter, please ca	afl:	
Frank S Lin		954 719-7012 at ()	
Name	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fce	\$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

(Name of the Lim		ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited I Florida document number L13000053100	Liability Company	were filed on 04/11/2013	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name	of the limited liab	ility company here:	٠
he new name must be distinguishable and contain the	words "Limited Liabil	lity 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)		15800 Pines Blvd., Suite 3083	
		Pembroke Pines, FL 33027	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		15800 Pines Blvd., Suite 3083 Pembroke Pines, FL 33027	
3. If amending the registered agent and registered agent and/or the new registered of	4,7		er the name of the
Name of New Registered Agent:		1137	35 N 3mm
New Registered Office Address:	6161 SW 183rd	Enter Florida street address	T
	Southwest Rand		3931
		City	- Tint 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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action		
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		Southwest Ranches, FL 33331	Remove		
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August 10, 2015	المائية المستقالة المسادة		1	
fective date, if other than the date of filing:  an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days  ote: If the date inserted in this block does not meet the applicable statutory filing requirement  neument's effective date on the Department of State's records.	optional) s after filing s, this date	) Pursua	nt to 60:	5.020 ted a
record specifies a delayed effective date, but not an effective time, at 12: The 90th day after the record is filed.	01 a.m.	on the	e earli	er o
August 10 2015				
Chark Jours				
Signature of a member or authorized representative of a member				

Page 3 of 3

Filing Fee: \$25.00