L14000071450

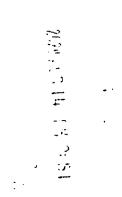
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to F	Filing Officer:	





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July 8, 2020

To Whom It May Concern:

I would like to change the name of Shane Industries LLC to Leading Medical LLC, FL document # L14000071450.

Enclosed please find a \$25.00 check for the filing fee.

Thank you, Barri Shane

Barri Shane

420 East 61 Street, 10E

New York, NY 10065

646-296-3832

TO: Registration Se Division of Cor			
SUBJECT:	Shane In	dustries LLC ted Liability Company	
Source:	Name of Limit	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are subn	nitted for filing.	
Please return all correspo	ndence concerning this matter t	o the following:	
	7		
	Dar	Name of Person	
		_	
	Lead	ing Medical LLC	
		`Firm/Company	
	420 (East 61 St. 101	=
		Address	
	NY.	NY 10065 City/State and Zip Code	
	\ <u> </u>	City/State and Zip Code	
		o be used for future annual report noi	· ************************************
Fra franks information	•	•	mcauon)
~~	oncerning this matter, please ca	H:	
Barri S	hane	at (646) 296-	3835
Name o	f Person	Area Code Daytir	ne Telephone Number
Enclosed is a check for the	ne 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 Fec. Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addres</u> Registration S		<u>Street Address:</u> Registration Se	ection
Division of C	orporations	Division of Co	rporations
P.O. Box 632 Tallahassee, I		The Centre of 2415 N. Monre	Fallahassee be Street, Suite 810

Tallahassee, FL 32303

TO ARTICLES OF ORGANIZATION OF

Shane Indu	stries	LLC	
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appearability Company)	nrs on our records.)	
The Articles of Organization for this Limited Liability Company	were filed on _	May 1, 2014	and assigned
Florida document number L14000071450			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	lity company h	ere:	
Leading Medical LLC			
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the	designation "LLC" or the abl	previation "L.L.C."
Enter new principal offices address, if applicable:	·		
(Principal office address MUST BE A STREET ADDRESS)			(~ <u>)</u>
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)	 		
			<u></u>
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our	records, <u>enter the name</u>	e of the new registered
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Flo	orida street address	
		, Florida	
	City		Zip Code
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office of company has been notified in writing of this change.	performance of rovided for in	f my duties, and I am fo Chapter 605, F.S. Or, i	amiliar with and if this document is

If Changing Registered Agent, Signature of New Registered Agent

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
		 	□ Add
			□Remove
		····	□ Add
			□Remove
			□Change
			☐ Change
			= □ Remove
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	<u> </u>	
ive date, if other than the date of filing:	orior to date of filing or more than 90 days after filing.) Pursuant	to 605.0
If the date inserted in this block does not meet the apment's effective date on the Department of State's reco	plicable statutory filing requirements, this date will not be	be listed
rd specifies a delayed effective date, but not an effective date.	ve time, at 12:01 a.m. on the earlier of: (b) The 90th da	y after
7/8 202 Bari Sha	<u>.0</u> .	
Barei Sha	ne	
	nuthorized representative of a member	