L14000138865

(Re	questor's Name)	
(Ad	dress)	
(Äd	dress)	
(Cit	ry/State/Zip/Phone	e#)
PICK-UP	(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Dies Certificates of Status tructions to Filing Officer:	MAIL
(Bu	siness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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COVER LETTER

TO:

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	ation Section of Corporati	ons				
SUBJECT:		Let's Mak	e A Lead L	LC		
		Name of Lim	ited Liability (Company		 _
The enclosed Art	icles of Amen	dment and fee(s) are sub	mitted for fil	ing.		
Please return all o	correspondenc	e concerning this matter	to the follow	ing:		
	_		· · · · · · · · · · · · · · · · · · ·	I GABSI		
			Name o	of Person		
			Let's Make	e A Lead Ll	_C	
			Firm/C	Company		
		11601		Boulevard -	Suite 302	
			Ado	iress		
			Miami - I			
			-	nd Zip Code	•	
		Fe-mail address: (si@gmail.c		<u>) </u>
For further inforn	nation concern	ing this matter, please c			•	,
	Raphael (GABSI	at (786)	448 602	9
-	Name of Perso	n		ea Code	Daytime Telep	hone Number
Enclosed is a chec	ck for the follo	owing amount:				
☑ \$25.00 Filing	Fee □ S	S30.00 Filing Fee & Certificate of Status	Certif	Filing Fee & ied Copy onal copy is enclo		□ \$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				Registration Division of Clifton Bu 2661 Exec	f Corporations	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LET'S MAKE A	A LEAD LLC		
(<u>Name of the Limited Liability Compan</u> (A Florida Limited Li	i <mark>y as it now appear</mark> iability Company)	s on our records.)	
The Articles of Organization for this Limited Liability Company v	were filed on	09/05/2014	and assigned
Florida document number <u>L14000138865</u>			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil	lity company he	ere:	
LET'S MAKE A LEA	<u> </u>		
The new name must be distinguishable and contain the words "Limited Liabilit	ty Company," the d	esignation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	11601 Bis	cayne Boulev	ard
(Principal office address MUST BE A STREET ADDRESS)	Suite 302	<u>.</u>	
	Miami - Fl	L33181	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
			True (
			5
B. If amending the registered agent and/or registered off		our records,	enter the some of the
registered agent and/or the new registered office address here	•		Same Comme
			mc -
Name of New Registered Agent:			7 7 11
New Registered Office Address:			S 2 2
The Megistered Office Againsts.	Enter Flor	ida street address	<u> </u>
		, Flori	ida
	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 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, <u>enter the title</u>, <u>name</u>, <u>and address of each person_being added or removed from our records</u>:

MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
			Add
			□ Remove
			□ Change
			Add
			□ Remove
			Change
			Add
			Remove
			CLAHA D'Chage
			SS ← F
			FS 3 CORP. Regiove
			□ Change
			□ Add
			☐ Remove
			Change
			□ Remove
			☐ Change

	s mentioned above, we v	ould l	like to c	hange o	ur princi	pal office	address:		
	Previous Office Addres	s : 150	00 Bay	Road - S	Suite 145	50S - Miai	mi Beach	- FL33	139
	New Office Address : 1	1601	Biscayr	ne Boule	vard - S	uite 302 -	Miami Fl	_33181	
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in effective da ote: If the concument's ef	te, if other than the date of fi ate is listed, the date must be specific date inserted in this block does n ffective date on the Department pecifies a delayed effective	and can ot meet of State	the apple's record	icable stat s.	utory filing	ore than 90 da ; requiremer	nts, this date	g.) Pursuan e will not	be listed
The 90th	day after the record is file	e date	, buc 1	oc an cr	iccave a	me, at 12		on the	carne
ited	October 30th	, _2	2015		_ ^				

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Filing Fee: \$25.00