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COVER LETTER

TO: Registration Sc Division of Cor				
, LEADERS	R.H. SERVICES LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	ROBERTO HERNANDE	7 .		
		Name of Person		
	LEADERS R.H. SERVIC	ES LLC		
		Firm Company		
	6600 LAND O LAKES B	LVD		
		Address		
	LAND O LAKES, FL 346	38		
		City/State and Zip Code		
	robert@leadersrh.com			
to tiether information of	E-mail address: (concerning this matter, please e	to be used for future annual report not	incation)	
, or surface morning	emeeting this money prease e			
*****		at ()	ne Telephone Number	
Name o	of Person	Area Code Daytin	ne Telephone Number	
Enclosed is a check for t	he 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 Addres		<u>Street Address:</u> Registration Sc	ection	
Registration Section Division of Corporations		Division of Corporations		
P.O. Box 632	27		The Centre of Tallahassee 2415 N. Monroe Street, Suite 810	
Tallahassee.	FL 32314	2415 N. Monro	be Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LEADERS R.H. SERVICES LLC		
(<u>Name of the Limited Liability Com</u> (A Florida Limite	pany as it now appears on our records d Liability Company)	.)
The Articles of Organization for this Limited Liability Compar	ny were filed on <u>05/06/2015</u>	and assigned
Horida document number 1.15000080773		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited lia</u>	ability company here:	
he new name must be distinguishable and contain the words "Limited Lia	ability Company," the designation "LLC"	or the abbreviation "L.L.C."
inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
If amending the registered agent and/or registered offic igent and/or the new registered office address here:	e address on our records, <u>enter t</u>	he name of the new register
gen unit me new registered office address neve.		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	. Flo	eido
	. F 10	HUA

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.

Cin

Zip Code

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

Title	<u>Name</u>	Address	Type of Action
MGR	ROBISEL HERNANDEZ	21818 WAVERLY SHORES	= Add
		LAND O LAKES, FL 34638	_
MGR ROBIER HERNANDEZ		4626 CARROWAY DRIVE	≣ Add
		LAND O LAKES, FL 34639	URemove
			∐Remove
			Change
			\(\tag{\tau} \)
			□Remove
			Change
			LiRemove
			L Change
			Remove
			Change

	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	· · · · · · · · · · · · · · · · · · ·
	
	10/01/2022
fan effect <u>Note:</u> H	date, if other than the date of filing:
record s rd is filed	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	October 1 , 2022 .
	Signature of a member or authorized representative of a member

Typed or printed name of signee