## 115000082760

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(Address)		
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MAY - 9 2019

## **COVER LETTER**

Division of Co	orporations		
Homeland	l Security & Organizational Lea	dership LLC	
SUBJECT.	Name of Lim	ited Liability Company	
The enclosed Articles o	I Amendment and lee(s) are sub	mitted for filing.	
	ondence concerning this matter	-	
		to uni tene time	
	Robert Cohen		
		Name of Person	
	Homeland security & Orga	anizational Leadership LLC	
	<del>.</del>	Firm/Company	
	6562 wildemeade pl		
		Address	
	Tallahassee ,Florida 32309	)	
		City/State and Zip Code	
	rcohen48@yahoo.com		•
		to be used for future annual report notif	ication)
For further information	concerning this matter, please ca	all:	
Robert Cohen		850 509-2568 at ()	
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:

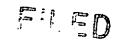
TO:

Registration Section

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



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Homeland Security and Organizational Leadership "LLC."

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on April 21st, 2015 \_ and assigned Florida document number L15000082760 This amendment is submitted to amend the following: A. It amending name, enter the new name of the limited hability company here: Readiness 2 Lead "LLC" The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter 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) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City

## 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>	<u>Address</u>	Type of Action
AMBR	martia cohen	6562 wildemeade place Tallahassee Florida 32309	■ Add
			Remove
			☐ Change
<del></del>			☐ Add
			☐ Remove
			Change
			Li Add
			□ Remove
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			∐ Add
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Note:	ive date, if other than the date of filing:
) The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	April 25, 2019
	Appeil 25, 2019  Notrate Colon  Signature of a member or authorized representative of a member

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Typed or printed name of signee

Filing Fee: \$25.00