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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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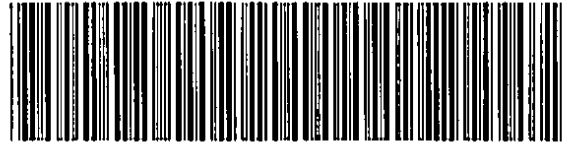
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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APR 01 2020
M. SOLOMON

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Leverage Point LLC.

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Joseph Robertson

Name of Person

Leverage Point LLC

Firm/Company

50 Minorca Ave. # 505

Address

Coral Gables, FL 33134

City/State and Zip Code

Joe@LpFunding.biz

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joseph Robertson

305 397-3916
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:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Leverage Point 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 06/16/2015 and assigned
Florida document number L15000104968.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Leverage Point Consulting Services LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

2724 NW 36th Street

(Principal office address MUST BE A STREET ADDRESS)

Suite #D

Miami, FL 33142

Enter new mailing address, if applicable:

50 Minorca Ave.

(Mailing address MAY BE A POST OFFICE BOX)

#505

Coral Gables, FL 33134

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:

50 Minorca Ave #505

Enter Florida street address

Coral Gables

Florida 33134

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, 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>	<u>Type of Action</u>
MGR	Joseph Robertson		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		50 Minorca Ave Unit 505 Coral Gables, FL 33134	<input checked="" type="checkbox"/> Change
AMBR	Melisa Loernzo		<input type="checkbox"/> Add
		5966 South Dixie HWY, 300 Miami, FL 33143	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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CLERK OF DISTRICT COURT
CLERK OF DISTRICT COURT
CLERK OF DISTRICT COURT

FILED

SECRETARY OF STATE
WASHINGTON, D.C. 20520

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DEPT. OF STATE
WASHINGTON, D.C.

FD

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Dated _____, _____

Joseph Robinson
Signature of a

Signature of a member or authorized representative of a member

Joseph Robertson

Typed or printed name of signee

Filing Fee: \$25.00