L15000204575

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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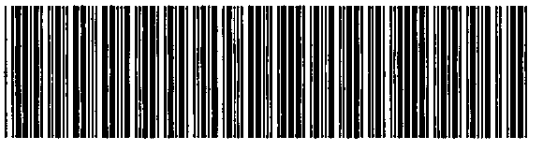

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FILED
16 FEB 11 PM 5:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FEB 12 2016
S. YOUNG

# COVER LETTER

**TO: Registration Section**
**Division of Corporations**

**SUBJECT:** Lead Home Consulting, 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:

Bradley Ledgerwood
Name of Person

Lead Home Consulting LLC
Firm/Company

7010 E Adamo Dr Unit CT
Address

Tampa FL 33619
City/State and Zip Code

Ledgerwood Consulting@gmail.com
E-mail address: (to be used for future annual report notification)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Bradley Ledgerwood at (760) 205-1282 / FAX# 813-622-8262
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/COURIER ADDRESS:**
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

# ARTICLES OF AMENDMENT
# TO
# ARTICLES OF ORGANIZATION
# OF

_____

(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 12-8-15 and assigned Florida document number L15000204575

This amendment is submitted to amend the following:

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

N/A

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:** N/A

***(Principal office address MUST BE A STREET ADDRESS)***

**Enter new mailing address, if applicable:** N/A

***(Mailing address MAY BE A POST OFFICE BOX)***

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16 FEB 11 PM 3:10

**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: N/A

New Registered Office Address: N/A
*Enter Florida street address*

_____, **Florida** _____
*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**

| Title | Name | Address | Type of Action |
|---|---|---|---|
| MGMR | Tobby Steele | | ☐ Add |
| | | 2015 River Crossing Holiday FL 34546 | ☒ Remove |
| | | | ☐ Change |
| | | | ☐ Add |
| | | | ☐ Remove |
| | | | ☐ Change |
| | | | ☐ Add |
| | | | ☐ Remove |
| | | | ☐ Change |
| | | | ☐ Add |
| | | | ☐ Remove |
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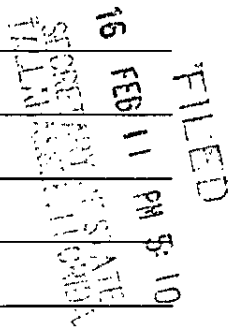
| | | | ☐ Remove |
| | | | ☐ Change |
| | | | ☐ Add |
| | | | ☐ Remove |
| | | | ☐ Change |

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*




**E. Effective date, if other than the date of filing:** _____ **(optional)**

(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)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated February 8th, 2016.

_____
Signature of a member ~~or authorized~~ representative of a member

Bradley Ledgewood
Typed or printed name of signee



**Filing Fee: $25.00**

Partnership Dissolution -

Lead Home Consulting llc will be paying Tobby Steele on February 8th 2016 at 2pm the sum of $5,000 in agreement to give over all shares or rights to Lead Home Consulting llc along with removing Tobby Steeles access and rights to Lead Home Consulting llc's Bank account. Tobby Steele will not be reliable or responsible for any legal actions in response to this agreement that Lead Home Consulting llc may occur.

FILED
FEB 11 PM 5:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

February 8th 2016

1:55 pm

X _____

Bradley Lockwood

CHARMAINE EARLINGTON-WONG
Notary Public - State of Florida
Commission # FF 898841
My Comm. Expires Oct 26, 2019
Bonded through National Notary Assn.

X _____

Tobby Steele

CHARMAINE EARLINGTON-WONG
Notary Public - State of Florida
Commission # FF 898841
My Comm. Expires Oct 26, 2019