LI6000103104

(Re	questor's Name)	
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(Cit	ty/State/Zip/Phone	#)
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COVER LETTER

то:	Registration Sec Division of Corp			
SUBJE	We Just Do	Leads LLC		
301312		Name of Lim	ited Liability Company	
		·		
The end	closed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please 1	return all correspon	ndence concerning this matter	to the following:	
	g.	Amin El-Gazzar	•	
			Name of Person	
		We Just Do Leads LLC		
			Firm/Company	· · · · · · · · · · · · · · · · · · ·
		7901 SW 122 Street		
			Address	
		Miami, FI-33156		
			City/State and Zip Code	
		amin@ezclout.com E-mail address: ()	to be used for future annual report notifi	ication)
For furt	ther information co	oncerning this matter, please ca		•
Amin E	El-Gazzar		305 2139018 at ()	
	Name o	f Person	Area Code Daytime	: Telephone Number
Enclose	ed is a check for th	ne following amount:		
□ \$25	5.00 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

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We Just Do Leads 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 _____ and assigned Florida document number L16000103104 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Ocean Drive Capital 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: (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 , Florida

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



	d from our records:			FILED 2016 DEC -2 PM 1: 22	
AMBR=	Manager Authorized Member	,	· 3	2016 DEC -	
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an effective date is listed, the date inserted in the	te must be specific and cannot	t be prior to date of	filing or more than 9	days after filing.) Po	ursuant to 605.0207 (3)(
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	726	}			
	Signature of a member	t or authorized repr	esentative of a mem	her	
	<i>2</i>	- 5. www.orizou repr			
Amin El-Gazzar, V	-				<u> </u>
	Timed	or printed name of	rsionee		

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Filing Fee: \$25.00