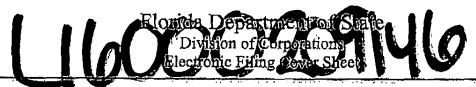
18/11/2016

Division of Corporations



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

: ALPHA BUSINESS CONSULTING, LLC

Account Number : 120080000061 Phone

Fax Number

: (407)582-9830 : (407)294-7677

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN LEADER CONSTRACTORS SERVICES, LLC

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Help

D. SCOTT

NOV 22 2016

COVER LETTER

TO: Re Div	gistration Section vision of Corporations	æ
SUBJECT:	LEADER CONSTRACTORS SERVICES, LLC	
	Name of Limited Liability Com	pady
The enclosed	d Articles of Amendment and fee(s) are submitted for filing.	•
Please return	all correspondence concerning this matter to the following:	
	MARIA PINHEJRO	
	Name of Pe	rson .
	ALPHA BUSINESS CONSULTING, LLC	
	Firm/Comp	вду
	7022 CARLENE DR	
	Address	
	ORLANDO, FL 32835	•
	City/State and Z	ip Code
	pinheiromaria@att.net	
	E-mail address: (to be used for future	annual report notification)
For further in	formation concerning this matter, please call:	
MARIA PINI	at (582-9830
	Name of Person	de Dander Talmber Nombre

ECRETARY OF STATE

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Name of the Limited Liability (A Florida	ty Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co Florida document number L16000209146	ompany were filed on 11/14/2016	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ted liability company here:	
LEADER CONTRACTORS SERVICES, LLC		
The new name must be distinguishable and contain the words "Limi	ted Liability Company," the designation "LLC" or t	be abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDR	<u> </u>	
Enter new mailing address, if annilcable:		
* * * * * * * * * * * * * * * * * * *		TASE SE
Mailing address MAY BE A POST OFFICE BOX) 3. If amending the registered agent and/or register		ter the name of the
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered agent and/or the new registered office addressed agent. Name of New Registered Agent:		ter the panter of the
Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered agent and/or the new registered office addresses		ter the hand of the
Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered agent and/or the new registered office address to the new registered office address to the new registered office address to the new registered of	ess here:	FORE DATE OF STATE OF

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

□ Change

If amend	ing Authorized Person(s) auth ed from our records:	orized to manage, enter the title, name, a	nd address of each person being added
MGR ⇔ AMBR =	Manager Authorized Member		
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effective dat	, if other than e is listed, the date	must be specific	and cannot be	prior to date of t	filing or more t	han 90 days afte	ional) 🥠 r filing.) Putsu	mil to 605.02
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