# 117000014517

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### **COVER LETTER**

TO: Registration Se Division of Cor			
SUBJECT:		etwork LLC ited Liability Company	
The enclosed Articles of	· Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	The	odore Perrin	
	<del> </del>	Name of Person	
	eLe	ead Network L Firm/Company	20
	-	Firm/Company	
	263	7 E. Atlantic Bl	ud #40790
		City/State and Zip Code  Network. com  to be used for future annual report notifie	
For further information co	oncerning this matter, please ca		
Theod	on Perrin	at (786) 344- Area Code Daytime	-7741
Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a check for th	e following amount:		
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 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

## TO ARTICLES OF ORGANIZATION OF

e Lead Netwo	
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>LITOOOD14517</u> .	were filed on January 18, 20, 7 and assigned
This amendment is submitted to amend the following:	•
A. If amending name, enter the new name of the limited lial	<u>pility company here</u> :
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2637 E. Atlantic Blvd
(Principal office address MUST BE A STREET ADDRESS)	# 45790
	2637 F. Atlantic Blvd # 40790 Pompano Beach, FL 33062
Enter new mailing address, if applicable:	2637 E. Atlantic Blud
(Mailing address MAY BE A POST OFFICE BOX)	#40790
	#40790 Pompano Beach, Fr 33062
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here.	
New Registered Office Address: 263	7 E. Atlante Blud, #40790  Enter Florida street address
Pompa	ana Beach, Florida 33062  Zip Code
New Registered Agent's Signature, if changing Registered Agent	
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.  If Cha	performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is
•	

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### or removed from our records:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			□ Remove
			☐ Change
			Add
			☐ Remove
			Change
			Add
		-	□ Remove
			Change
		<del></del>	Remove
			Change
	<del> </del>		Add
			Remove
			Change
		EORETARY LAHASSE	Remove
		SEE. FLORID	□ Change

<u></u>	
	,
	•
Note: If t	date, if other than the date of filing:(optional) ve 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 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as 's effective date on the Department of State's records.
	d specifies a delayed effective date, but not an effective time, at $12:01$ a.m. on the earlier of $0$ th day after the record is filed.
Dated	February 22 <sup>21</sup> 2017.
	Signature of a pember or authorized representative of a member
	heodore terrin MER I
	Typed or printed name of signee

Filing Fee: \$25.00