117000123090

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COVER LETTER

TO: Registration S Division of Co			
FIRST RESUBJECT:	SPONSE LEADS, LLC		
SUBJECT:	Name of Lim	ited Liability Company	·
	f Amendment and fee(s) are sub condence concerning this matter		
	Juan Carlos Velasquez		
		Name of Person	
	FIRST RESPONSE LEAL	OS, LLC	
		Firm/Company	
	9860 SW 161 AVE		
		Address	
	Miami, FL 33196		
		City/State and Zip Code	
	jev00107@ hotmail.com	to be used for future annual report notifi	(Minh)
For further information	concerning this matter, please c		
Juan Carlos Velasquez		786 205-5813	
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.

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 32314 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2001 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FIRST RESPONSE LEADS, ELC		
(<u>Name of the Limited I</u> (A F	hability Company as it now appears on our records.) Torida Finited Liability Company)	
The Articles of Organization for this Limited Liabil Florida document number <u>1.17000123090</u>		and assigned
This amendment is submitted to amend the following		
A. If amending name, <u>enter the new name of the</u>		
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LLC" or th	e abbreviation "L.L.C"
Enter new principal offices address, if applicable	n	·
Principal office address MUST BE A STREET A	DDRESS)	
Enter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE BO</u>	<u></u>	
B. If amending the registered agent and/or a registered agent and/or the new registered office	registered office address on our records, ent	er the name of the ne
	 -	· · · · · · · · · · · · · · · · · · ·
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	EHRE FIOTRIO SPECI GAITESS	
		- <u></u>
	City	Zip Code ***

New Registered Agent's Signature, if changing Registered Agent:

Thereby 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>	Address	Type of Action
MGR	Juan Carlos Velasquez	13720 SW 143 CT # 110	■ Avid
		Miami, FL 33186	□ Remove
			Change
			Add
			□ Remove
			Change
			Add
			□ Remove
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fective date, if other than	the date of filing:			(optional)	
an effective date is listed, the date ofe: If the date inserted in the seament's effective date on the	e must be specific and car iis block does not meet	onot be prior to date of t the applicable state	filing or more than 90 da	ys after fifing.) Pursuant to	605.0207 listed as
record specifies a dela The 90th day after the	ayed effective date record is filed.	e, hut not an eff	ective time, at 12	2:01 a.m. on the ea	arlier of
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	Separative of a men			•.	20 9

Page 3 of 3

Eyped or printed name of signee

Filing Fee: \$25.00