## L17000202722

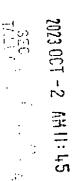
(Re	equestor's Name)	
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PICK-UP	WAIT	MAIL
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(Dc	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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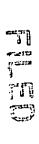
Office Use Only



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## **COVER LETTER**

TO: Registration Section Division of Corpor			,	
SUBJECT: Frankie Fi			<b>4</b>	· •
	Name of Lin	nited Liability Company		
The enclosed Articles of An	endment and fee(s) are sub	omitted for filing.		
Please return all corresponde	ence concerning this matter	to the following:		
	<del></del>	Francois Holstein Name of Person		
		LEADSTINGER LL Firm/Company	<u>-C</u>	
		5036 Dr. Phillips Blvd. Address		
		Orlando FL 32819 City/State and Zip Code		
-	E-mail address: (	support@leadstinger.co to be used for future annual re	m eport notification)	<del></del>
For further information conc	erning this matter, please c	all:		
François Holstein Name of Pe	rson	at ( <u>407</u> ) Area Code	729-6910 Daytime Telephon	e Number
Enclosed is a check for the for	ollowing amount:			
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclo	osed)	60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee



FRANKIE FLIPS LLC
(Name of the Limited Liability Company as it now appears on our records.)



(A Florida I.	amited Liability Company)
The Articles of Organization for this Limited Liability Co	mpany were filed on <u>8:00 AM October 02 2017</u> and assigned
Florida document number <u>L17000202722</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limite	ed liability company here:
LEADSTINGE The new name must be distinguishable and contain the words "Limite	ERLLC ed 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 ADDRE	5036 Dr. Phillips Blvd., Orlando FL 32819
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	5036 Dr. Phillips Blvd., Orlando Ft 328193
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address: 503	36 Dr. Phillips Blvd.  Enter Florida street address
	Orlando Florida 32819 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.

A THE STATE OF THE

If amen | ig / ithorized 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>	Name	Address	Type of Action
MGR_	Francois M Holstein		□Add
			□Remove
		5036 Dr. Phillips Blvd., Orlando FL 32819	Change
			□Remove
			□Change
<del></del>			□Add
			□Remove
			□Change
			□Add
			□Remove
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			□Remove
			□Change
			□Add
			□Remove

Typed or printed name of signee