118000071382

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COVER LETTER

	Registration Sec Division of Corp			
CUD IE		loldings, LLC		
SUBJEC	.1:	Name of Limi	ited Liability Company	
		Amendment and fee(s) are sub-	-	
Please re	turn all correspor	ndence concerning this matter	to the following:	
		Christopher Sperry		
			Name of Person	
		Leverage Holdings, LLC		
			Firm/Company	
		22348 SW 103rd CT		
			Address	
		Miami, FL 33190		
			City/State and Zip Code	
		chris@leveragedevelopm		
		E-mail address: (1	to be used for future annual report notific	ration)
For furth	er information co	oncerning this matter, please ca	all:	
Christopher Sperry			305 989-5323 at () Area Code Daytime 1	
	Name of	Person	Area Code Daytime T	Felephone Number
Enclosed	l is a check for th	e 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, 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

Leverage Holdings, LLC			
(Name of the Limited Liability Com (A Florida Limited	pany as it now appears on our records.) d Liability Company)		
The Articles of Organization for this Limited Liability Compan	ny were filed on March 20th, 2018	and assig	gned
Florida document number L18000071382			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	ability company here:		
The new name must be distinguishable and contain the words "Limited Lial	bility Company," the designation "LLC" or the	abbreviation "L.L	. <u>C.:</u>)
Enter new principal offices address, if applicable:			<u> </u>
(Principal office address MUST BE A STREET ADDRESS)	ST BE A STREET ADDRESS)	122	- : :::
		2	777
		H P	्राप्तः
Enter new mailing address, if applicable:); 기술:
		4 7	- 2 -
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he	· · · · · · · · · · · · · · · · · · ·	r the name o	i the r
			
Name of New Registered Agent:			
Name of New Registered Agent: New Registered Office Address:	Enter Florida street address	 -	
	Enter Florida street address , Florida	Zip Code	

If Changing Registered Agent, Signature of New Registered Agent

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 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>	<u>Address</u>	Type of Action
AMBR	Christian Fiorilo	22007 SW 100th Place	■ Add
		Miami, FL 33190	Remove
			☐ Change
			□ Add
			□ Remove
			☐ Change
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E. Effective	date, if other than the	date of filing	07/09/2018 ::			_ (optional)		
(If an effect Note: If	ive date is listed, the date must the date inserted in this blo	the specific and ock does not m	cannot be prior nect the applica	o date of filing o ble statutory fi	or more than 90 i iling requirem	days after filing.) ents, this date v	Pursuant to 60: vill not be list	5.020 ted a
	t's effective date on the De			•	.			
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If the reco	rd specifies a delayed							
If the reco	rd specifies a delayed Oth day after the reco	ora is filea.						
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If the reco	Oth day after the reco		2018					
If the record (b) The 9	Oth day after the reco		2018					

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