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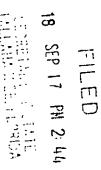
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COVER LETTER

1 O: A Registration Division of (n Section Corporations		
THE LE	EAD MANCINE LLC		
	Name of Lim	ited Liability Company	
The enclosed Articles	s of Amendment and fee(s) are sub	mitted for filing.	
Please return all corre	espondence concerning this matter	to the following:	
	RYAN SOLBERG		
		Name of Person	
		Firm/Company	
	1413 S PATRICK DR St	JITE 9	
	SATELLITE BEACH, FL	Address 32937	
	RYAN@MAXLIFEREALT	City/State and Zip Code TY.COM	
	E-mail address: (to be used for future annual report notif	leation)
For further informatic	on concerning this matter, please ca	all:	
RYAN SOLBERG		321 373-3536 at ()	
Nan	ne of Person	Area Code Daytime	Telephone Number
Enclosed is a check for	or the following amount:		
S25.00 Filing Fee	S30.00 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

THE LEAD MACHINE LLC

(Name of the Limited Liability Compar (A Florida Limited L	iy as it now appears on our record tability Company)	<u> </u>
The Articles of Organization for this Limited Liability Company Florida document number L18000082353	were filed on 03/29/2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company." the designation "LLC	or the abbreviation "L.L.C"
Enter new principal offices address, if applicable:		<u>_</u>
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		25 25
(Mailing address MAY BE A POST OFFICE BOX)		
		11 12 0
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		s, enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres	
	Flo	orida
	City	Zip Code
See Registered Agent's Signature, if changing Registered Agent:		
Horreby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete paracept the obligations of my position as registered agent as proving lifed to merely reflect a change in the registered office a	erformance of my duties, ar ovided for in Chapter 605.	nd I am familiar with and F.S. Or, if this document is

repany 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	MARLENE A WHITE	747 WHITE PINE AVENUE	
		ROCKLEDGE, FL 32955	
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Effective date, if other than the date of filing: If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 day Note: If the date inserted in this block does not meet the applicable statutory filing requirement	
document's effective date on the Department of State's records.	
ne record specifies a delayed effective date, but not an effective time, at 12 The 90th day after the record is filed.	:01 a.m. on the earlier
Dated 2018	
Maslene Waffe	
Masteric Waffe Signature of a member or authorized representative of a member	

Page 3 of 3

Filing Fee: \$25.00