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Special Instructions to	Filing Officer:	

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COVER LETTER

TO:

	ion Section of Corporations		
	lent Records LLC		
SUBJECT:	Name of I.	imited Liability Company	
The enclosed Articl	les of Amendment and fee(s) are s	ubmitted for filing.	
Please return all co	rrespondence concerning this matt	er to the following:	
	Richard Hull		
		Name of Person	
	Accident Records LLC		221 12.2 12 PH St 1
		Firm/Company	
	5366 State Road 54, Sui	te C	-2
		Address	
	New Port Richey, Florid	la 34652	
		City/State and Zip Code	
	accrecus@gmail.com		
	E-mail address	s: (to be used for future annual report noti	fication)
For further informa	tion concerning this matter, please	call:	
Richard Hull		at (609) 774	3865
N	ame of Person		e Telephone Number
Enclosed is a check	for the following amount:		
■ \$25.00 Filing F	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)
<u>Mailing A</u> Registrat	ddress: tion Section	Street Address: Ragistration So	etion
-	of Corporations	Registration Sec Division of Cor	
P.O. Box		The Centre of T	•
Tallahass	see, FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Accident Records LLC		
(<u>Name of the Limited Liabili</u> (À Florida	ty Company as it now appears on our a a Limited Liability Company)	records,)
The Articles of Organization for this Limited Liability C	Company were filed on April 13, 20	and assigned
Florida document number L18000093559	 ·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ited liability company here:	
Lead Need LLC		
The new name must be distinguishable and contain the words "Lim	ited 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 ADDR	RESS)	0.12
		: 12
Enter new mailing address, if applicable:		·
		9. 1
Mailing address MAY BE A POST OFFICE BOX)		
n te la	. ~	
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	i office address on our records, g	enter the name of the new regist
Name of New Registered Agent:		<u> </u>
New Registered Office Address:		
-	Enter Florida street o	address
		Florida
	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.

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
			□Add
			□Remove
			□Change
			□Add
			□Remove
		i ·	Change
			C. □ Remove
			□Change
			□Remove
			□Change
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			DAdd
			□Remove
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Page 2 of 3

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Filing Fee: \$25.00