## L18000122495

(Requestor's Name)
(Address)
` ,
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
,
Certified Copies Certificates of Status
Special Instructions to Filing Officer.
Special instructions to 1 ming Officer.

Office Use Only



500437774785 LLC NIC Amend

10/16/24--01016--003 \*\*25.00



A. RAMSEY OCT J.9.2024

## **COVER LETTER**

. TO:

Registration Section Division of Corporations

Work Hard SUBJECT:	ler LLC	3	
SUBJECT.	Name of Lin	nited Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Griffen DeArmond		
	-	Name of Person	
		Firm/Company	
	12119 Grand Jardin Dr. A	pt 305 Unit \$3-305	
		Address	
	Fort Myers, FL 33913		
		City/State and Zip Code	
	griffen.dea@gmail.com	to be used for future annual report not	itication)
For further information c	oncerning this matter, please c	·	meanon)
Griffen DeArmond		239 2095989	
Name o	f Person	at ()	e Telephone Number
Enclosed is a check for th	ne following amount:		
■ \$25.00 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 Addres Registration S Division of C	Section orporations	<u>Street Address:</u> Registration Se Division of Cor	porations
P.O. Box 632 Tallahassee, I		The Centre of T 2415 N. Monro	fallahassee e Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

Work Harder LLC

company has been notified in writing of this change.

2024 OCT 16 AM 10: 01

( <u>Name of the Limited Liability Cor</u> (A Florida Limit	mpany as it now appears on our re ted Liability Company)	cords.) TATA FOREF
The Articles of Organization for this Limited Liability Comparison document number $\frac{1.18000122495}{1.18000122495}$ .		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited h</u>	iability company here:	
Lead Station LLC		
The new name must be distinguishable and contain the words "Limited Li	iability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	1	
	· · · · · · · · · · · · · · · · · · ·	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
	=	
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	ce address on our records, <u>er</u>	nter the name of the new register
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street ad	ldress
		. Florida
	City	, FloridaZip Code
New Registered Agent's Signature, if changing Registered Age	nt:	
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and complo accept the obligations of my position as registered agent a being filed to merely reflect a change in the registered off.	ete performance of my dutie. as provided for in Chapter 6	s, and I am familiar with and 05. F.S. Or, if this document is

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
	<del></del> -		
			□Remove
			Change
			□ Change
			□ Remove
			□ Change
			□Remove
			□Change
			□Add
			□Remove
			□Change

	<del></del>
<u>Note</u>	tive date, if other than the date of filing:
f the reco	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the filed.
Date	October 2nd 2024
Dane	