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## **COVER LETTER**

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enmar.	****	Big Mouth Leads LLC						
SUBJEC	. I i			Name of Lin	ited Liability Company			
The ench	osed	Article	s of Ai	mendment and fee(s) are sub	omitted for filing.			
Please ret	וחטו	all corr	respond	lence concerning this matter	to the following:			
				Ghen Sugimoto				
					Name of Person		-	
				Big Mouth Leads LLC				
					Firm/Company		_	
				1000 Corporate Drive, Su	ite 610	, .		er:=1
					Address		<u> </u>	
				Fort Lauderdale, FL 3333	4			1
				exec@digitalservic.es	City/State and Zip Code			
				<del>-</del> -	to be used for future annual report	notification)	0. W	
For furthe	er in	format	ion con	cerning this matter, please c			. E	
David H	lanın	ner			813 786-262	0		
	<del></del>	Na	ime of P	erson	Area Code Day	ytime Telephone Numbe	т	
Enclosed	l is a	check	for the	following amount:				
\$25.0	00 Fi	iling Fe	ee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifie	ate of Status &	
		Re Di	gistrat	G ADDRESS: ion Section of Corporations 6327	STREET/COV Registration So Division of Co Clifton Buildir	rporations		

Tallahassee, FL 32314

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Big Mouth Leads LLC			
(Name of the Lim	ted Liability Company as it now ap (A Florida Limited Liability Compa	pears on our records.) ny)	<del></del>
The Articles of Organization for this Limited I	Liability Company were filed or	September 28, 2018	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liability compan	y here:	
The new name must be distinguishable and contain the	words "Limited Liability Company."	the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	<u>-</u>	
Principal office address MUST BE A STRE	ET ADDRESS)	<del></del>	•
		7.	<u> </u>
		1-	园 町
Enter new mailing address, if applicable:		į.	
Mailing address MAY BE A POST OFFICE	<u>BOX)</u>	<u> </u>	
			U
		<u>C</u>	<del>9.</del> Cu
B. If amending the registered agent and registered agent and/or the new registered of		on our records, <u>enter</u>	
Name of New Registered Agent:	Ghen Sugimoto		
New Registered Office Address:	100 Jefferson Ave., #10017		
	Enter	Florida street address	
	Miami Beach	Florida <u></u> .	3139
	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>	<u>Address</u>	Type of Action
MGR	David Hammer	4826 Troydale Rd	Add
		Tampa, FL 33615	
			☐ Change
MGR	Ghen Sugimoto	100 Jefferson Ave., #10017	Add
		Miami Beach, FL 33139	□ Remove
			Change
			Add
<del></del>			Remove Change Change Change Remove
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ffective date, if other than an effective date is listed, the dat ote: If the date inserted in the ocument's effective date on t	e must be specific and is block does not i	d cannot be prior meet the applica	to date of filing or	more than 90 days	optional)  after filing.)  s, this date v	Pursuant to will not be	605.020 listed a
e record specifies a del The 90th day after the			t an effective	e time, at 12:	01 a.m. (	on the ea	arlier (
December 5	•	2018					
ated	^	·	<u> </u>				

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00