118000269114

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nam	e)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

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COVER LETTER

	egistration Se ivision of Cor			
eun uzze		TON LEADZ LLC		
SUBJECT	·	Name of Lim	ited Liability Company	
The enclos	ed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please retu	rn all correspo	ondence concerning this matter	to the following:	
		CARLOS DANIEL RUIZ		
		···	Name of Person	
		GENERATION LEADZ I	LLC	
			Firm/Company	
		5426 19TH AVE NORTH		~7
		 	Address	
		ST. PETERSBURG, FL 3	3710	
		GENERATIONLEADZ20	City/State and Zip Code 18@GMAIL.COM	
		E-mail address: (to be used for future annual report not	fication)
For further	information c	oncerning this matter, please c	all:	
CARLOS	D RUIZ		267 372-0849	
	Name o	f Person	at () Area Code Daytin	e Telephone Number
Enclosed is	s a check for th	ne 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)
	Registr Divisio P.O. Bo	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COURING Registration Section Division of Corportion Building 2661 Executive Countries of Tallahassee, FL 32	on rations enter Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GENERATION LEADZ LLC				
(Name of the Lim	ited Liability Company as it now appears ((A Florida Limited Liability Company)	n our records.)		
The Articles of Organization for this Limited I		0/2018	and assigne	ed
Florida document number L18000269114	·			
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name,	of the limited liability company here	:		
The new name must be distinguishable and contain the	words "Limited Liability Company," the desi	gnation "LLC" or the abbres	iation "L.L.C.	
Enter new principal offices address, if appli	cable:			
Principal office address MUST BE A STRE	ET ADDRESS)			
			~"	
			-1	
Enter new mailing address, if applicable:				<u>:</u>
Mailing address MAY BE A POST OFFICE				-
				1
				7
B. If amending the registered agent and		our records, <u>enter the</u>	name of	the nev
registered agent and/or the new registered of	office address here:		rapin tran	
Name of New Registered Agent:	CARLOS RUIZ			
New Registered Office Address:	5426 19TH AVE NORTH			
	Enter Florida	i street address		
	ST. PETERSBURG	, 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
AMBR	JONATHAN STULTS		Add
		5426 19TH AVE NORTH ST. PETERSBURG, FL 33710	■ Remove
			☐ Change
			
			Remove
			□ Change
			
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e: If the date inse	ner than the date of filing ed, the date must be specific and rted in this block does not m date on the Department of St	eet the applicable sta	of filing or more than 90 days tutory filing requirements	optional) after filing.) Pursuant to 605.02 , this date will not be listed
	s a delayed effective da ter the record is filed.	ate, but not an e	ffective time, at 12:0)1 a.m. on the earlier
ed_/2/	5/2018	<i></i> ·		

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Typed or printed name of signee

Filing Fee: \$25.00