48000279367

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COVER LETTER

SUBJECT:		LEAD PROS LLC		
		Name of Lin	ited Liability Company	
The enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	i all correspo	ndence concerning this matter	to the following:	
		THOMAS MOURADIAN		
		MAGNUS LEAD PROS I	Name of Person	
		MAGNUS LEAD PROS I	Firm Company	
		MAGNUS LEAD PROS I	Address J.C	
		TOM.MOURADIAN@GM	City/State and Zip Code AIL.COM	
		E-mail address: (to be used for future annual report not	ification)
For further in	nformation co	oncerning this matter, please co	ill:	
THOMAS N	iouradia:	N	954 6096336 at ()	
	Name of	Person		ne Telephone Number
inclosed is a	check for th	e following amount:		
■ \$25.00 F	iling 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)

MAILING ADDRESS: Registration Section

TO:

Registration Section **Division of Corporations**

> 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

MAGNUS LEAD PROSILLO

(Name of the Lim	ted Liability Company as it now app (A Florida Limited Liability Compan	rears on our records.)
The Articles of Organization for this Limited I Florida document number <u>L18000279367</u>		12/04/2018 and assigned
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name of	of the limited liability company	here:
The new name must be distinguishable and contain the	words "Limited Liability Company," th	ne designation "ELC" or the abbreviation "E.E.C."
Enter new principal offices address, if applie	rable:	<u> </u>
(Principal office address MUST BE A STREI	ET ADDRESS)	7 20 · · ·
Enter new mailing address, if applicable: 'Mailing address MAY BE A POST OFFICE	BOX)	NOV 15 ANIII-4
3. If amending the registered agent and egistered agent and/or the new registered o	or registered office address	Çm ₽
Name of New Registered Agent:	MICHAEL TOBIAS	
New Registered Office Address:	123 NW 13TH ST #101	
· —	mend the following: new name of the limited liability company here: Indicate the limited liability company here: Indicate the limited liability company," the designation ress, if applicable: BE A STREET ADDRESS) Deplicable: ST OFFICE BOX) If agent and/or registered office address on our registered office address here: If Agent: MICHAEL TOBIAS 123 NW 13TH ST #101 Enter Florida street BOCA RATON	lorida street address
		Florida <u>33432</u>
	City	Zip Code

ew Registered Agent's Signature, if changing Registered Agent:

hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the voisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and scept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is ring filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability impany 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
AMBR	MICHAEL TOBIAS	123 NW 13TH ST #101 BOCA RATON FL 33432	∃ Add
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Sofe:	If the date inserted in this bl nent's effective date on the D	ock does not i	meet the app	plicable sta	ntutory filing	requirement	s, this date w	ill not be listed	as t
ioe iiii	nent serietive date on the p	partinent of a	State 8 reco	rus.					
е гес	cord specifies a delayed	effective (date but	not an e	effective ti	me at 12	01 a.m. o	a the earlier	o F
The	90th day after the rec	ord is filed.		not an c	incerive ti	me, at 12.	OI a.III. OI	i tile cariler	OI.
Dated	NOVEMBER 7		2019	<u> </u>					
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	- Thank	Signature of a	mounts of	uthania al =	mprogramme in the	.Co.,			
	Thomas	Signature of a	member of a	uthorized re	epresentative o	of a member			

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Filing Fee: \$25.00