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Special Instruction	ns to F	Filing Officer:	·	

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COVER LETTER

O: Registration S Division of Co		•	•:
SUBJECT:	Lads For Name of Li	mited Liability Company	case add mys
The enclosed Articles o	f Amendment and fee(s) are su	ibmitted for filing.	authorid menter
Please return all corresp	ondence concerning this matte	er to the following:	F Cannol open Bonl acco
	Stan	Emmanuel Name of Person	' α ε ε ε
		Name of Person	
	Leads F	or Days LL Firm/Company	
		Firm/Company	
	1941 N	Dixie Huy S	suite 3A
	Pompano (Seano Le E-mail address:	City/State and Zip Code Code	(on
For further information o	oncerning this matter, please c	all.	nearloss)
Sean Ema		at (954) 305 Area Code Daytim	C - S 6 S e Telephone Number
Enclosed is 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)

MAILING ADDRESS:

Registration Section 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

Check is in envelope

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Leads For	Days LLC	
(<u>Name of the Limited Lia</u> (A Flo	ability Company as it now appears on our records.) orida Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number <u>L 190006364</u>	ty Company were filed on $\frac{2}{5}$ $\frac{5}{9}$ and as	signed
This amendment is submitted to amend the following	g:	
A. If amending name, enter the new name of the l	limited liability company here:	
The new name must be distinguishable and contain the words "I	Limited 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 AD	ODRESS)	
Enter new mailing address, if applicable:	933 610	1.
(Mailing address MAY BE A POST OFFICE BOX)		111
CONTROL BOX		
B. If amending the registered agent and/or regregistered agent and/or the new registered office ac	gistered office address on our records, enter the name ddress here:	of the nev
Name of New Registered Agent:		
New Registered Office Address:		
<u> </u>	Enter Florida street address	
	, Florida	
Now Boristanad Agant's Cinners of Land	City Zip Code	

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

i

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 ador removed from our records:

MGR = Mat $AMBR = Aut$	nager thorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Sean Emmanuel	S853 NW Sym Circle Coral Springs FL 33067	to Add
			Remove
			Change
			□ Add
			□ Remove
ΛοοΩΩ			Change
41101	S Ean Immanuel	S853 NW S4 Mis Corol Springs FL 3)	10 Add 06 7
			_□ Remove
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(II an eff <u>Note:</u>	ive date, if other than the date of filing:
ne red	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of
1116	90th day after the record is filed.
Dated	2/15/19
	1-41-
	Signature of a member or authorized representative of a member
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00