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(Red	questor's Name)	
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(City	y/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
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COVER LETTER

FO: Registration Section Division of Corporations	
SUBJECT: Lead toot Property Holdings UC Name of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Savah Oplyer	
Firm/Company	
205 7	
705 Jerry Smith Rd.	
Dover Ft 33527 City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Surah Olger at (813) 763-1929 Name of Person Area Code Daytime Telephone Number	
Name of Person Area Code Daytine Telephone Sumber	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee Secretificate of Status Secretified Copy (additional copy is enclosed) Secretified Copy (additional copy is enclosed) Secretified 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

Lead Jost Property Hold	y as it how appears on our records.)
(A Florida Limited Liab	ability Company)
The Articles of Organization for this Limited Liability Company we Florida document number <u>L1900054363</u> .	vere filed on 2 2 15 19 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabilit	ity company here:
<u>Leadtoot Lard Holdings 1</u>	LLC
The new name must be distinguishable and contain the words "Limited Liability	
Enter new principal offices address, if applicable:	705 Ferry Smith Rd
(Principal office address MUST BE A STREET ADDRESS)	Dover FL 33527
- -	707
Enter new mailing address, if applicable:	- 13
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	ice address on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	

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

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the

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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
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n effective date is listed ote: If the date insert	er than the date of f i, the date must be specificed in this block does in the on the Department	ic and cannot be prio not meet the applic	cable statutory filin	ore than 90 days after g requirements, thi	filing.) P	ursuant to	605.020 listed a
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Page 3 of 3

Filing Fee: \$25.00