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COVER LETTER .

Divisio	on of Corpo	rations			
Flo SUBJECT:	orida Audio	and Video LLC			
SOBJECT.		Name of Limit	ed Liability Company	, ,	
The enclosed Ar	rticles of An	nendment and fee(s) are subn	nitted for filing.		
Please return all	corresponde	ence concerning this matter to	o the following:		
		Claude V Robotham			
			Name of Person		
		Leveraged Consultants LLC			
			Firm/Company		
		4300 Grove Park Dr			
			Address		
		Tallahassee, FL 32311			
			City/State and Zip Code		
		e.robotham@gmail.com			
	•	E-mail address: (to	be used for future annual	report notificatio	n)
For further infor	rmation conc	erning this matter, please cal	II:		
Claude Robotha	រកា		781 79	9-1507	
	Name of Po	erson	Area Code	Daytime Tele	phone Number
Enclosed is a ch	ieck for the f	ollowing amount:			
□ \$25.00 Filin	ng Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee of Certified Copy (additional copy is enc		■ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Cliffon Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FLORIDA AUDIO AND VIDEO LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on July 23, 2019 and assigned Florida document number <u>L19000188572</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: LEVERAGED CONSULTANTS LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 4300 Grove Park Dr Enter new principal offices address, if applicable: Tallahassee, FL 32311 (Principal office address MUST BE A STREET ADDRESS) 4300 Grove Park Dr. Enter new mailing address, if applicable: Tallahassee, FL 32311 (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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

Florida

If amending Authorized Person(s) authorized to manage, enter the title, name, and addre	ess 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
			□ Add
			□ Remove
			Change
			Remove
		 	Change
			Remove
			Change
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			Remove To Change To Add:
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Filing Fee: \$25.00