

L20000 107135

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

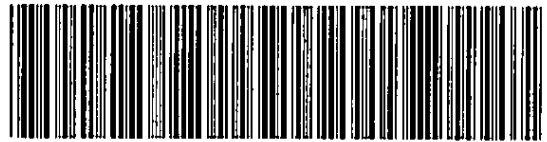
(Business Entity Name)

(Document Number)

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09/20/21--01020--030 **25.00

200373179792

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: My CH LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return an correspondence concerning this matter to the following:

Stephen Guerrero
Name of Person

Guerrero Law Group
Firm Company

240 SW 8th Ave
Address

Miami, FL 33130
City, State and Zip Code

U
E-mail address: (to be used for future annual report notification)

If you have any information concerning this matter, please call:

Stephen Guerrero at (954) 483-0017
Name of Person Area Code Daytime Telephone Number

I am enclosing a check for the following amount:



☒ 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 Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

MY COMPANY

(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 4/20/2020 and assigned
Florida document number 120000107135.

This amendment is submitted to amend the following:

A. Ending name. enter the new name of the limited liability company here:

Leads Too Many LLC
The name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter principal offices address, if applicable: 66 West Flagler Street - Suite 900 Miami, FL 33130

(Principal office address. NOT BE A STREET ADDRESS)

Enter mailing address, if applicable: 66 West Flagler Street - Suite 900 Miami, FL 33130

(Mailing address. NOT BE A POST OFFICE BOX)

2. If the current registered agent and/or registered office address on our records, enter the name of the new registered agent and/or registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida street address

Florida

City

Zip Code

(5)

3. If changing Registered Agent:

I, the undersigned, as registered agent and agree to act in this capacity. I further agree to comply with the
requirements relative to the proper and complete performance of my duties, and I am familiar with and
understand the position as registered agent as provided for in Chapter 605, F.S. Or, if this document is
submitted to effect a change in the registered office address, I hereby confirm that the limited liability
company is in compliance with this change.

If Changing Registered Agent, Signature of New Registered Agent

1. Adding Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added
or deleted from our records:

MS Manager

vol. Authorized Member

<u>Page</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
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_____ Add _____

_____ = Change

— 4 —

—Rena—

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100% 90% 80% 70% 60% 50% 40% 30% 20% 10% 0%

_____ = $\frac{1}{2} R_{\text{max}}$

_____ - Change

Figure 1: Schematic representation of the experimental design. The diagram shows a sequence of events: 'Stimulus presentation' (a box with a question mark), 'Response' (a box with a question mark), 'Feedback' (a box with a question mark), and 'Inter-trial interval' (a box with a question mark). The sequence is repeated for multiple trials, with a 'Start' box at the beginning and an 'End' box at the end.

_____ - Name

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— REND. —

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_____ Change

[illegible]

1. The date must be specific and cannot be prior to date of filing or more than 90 days after filing. Pursuant to 605.02 J (3)(b) if the date entered in this block does not meet the applicable statutory filing requirements, this date will not be listed as the date of effect on the Department of State's records.

September 14, 2021

Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00