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JUL 2 5 2020 S. YOUNG

COVER LETTER

TO:

Registration Section

Division of Corpor	ations		
SI CHARLEST.	THE LEADER	20,46	
SUBJECT:		ited Liability Company	
The enclosed Articles of Ame	endment and fee(s) are sub	mitted for filing.	
Please return all corresponde	nce concerning this matter	to the following:	
_	FA	HBIO GARCIA	
		Name of Person	
		Tim Company	
· · · · · · · · · · · · · · · · · · ·	113 Bu	Honwood Lar	ne
	Boyntor	City/State and Zip Code	33436
-	E-mail address: (City/State and Zip Code a the leader to be used for future annual r	company com.
For further information conce			
FABIO GA	ecia	at (954)	536-7662
Name of Per	son	Area Code	Daytime Telephone Number
Enclosed is a check for the fo	llowing amount:		
\$25.00 Filing Fee	3 \$30.00 Filing Fee & Certificate of Status	\$55,00 Filing Fee & Certified Copy (additional copy is encl	Certificate of Status &
Mailing Address: Registration Sect Division of Corp		-	dress: tion Section of Corporations
P.O. Box 6327 Tallahassee, FL 3	32314	2415 N.	tre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

18

THE	LEADER CO.	111	
(Name of the Limi	ted Liability Company as i (A Florida Limited Liability	t now appears on our recoi	rds.)
The Articles of Organization for this Limited I	iability Company were	filed on June Of	8, 2010 and assigned
Florida document number <u>L 2000015</u>	5485		7. 28
This amendment is submitted to amend the following	lowing:		
A. If amending name, enter the new name of	of the limited liability c	ompany here:	•
The new name must be distinguishable and contain the v	words "Limited Liability Cor	npany," the designation "LL	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applie	cable:		
(Principal office address MUST BE A STREE	ET ADDRESS)		
•			
Enter new mailing address, if applicable:			"
(Mailing address MAY BE A POST OFFICE	<u></u>		
B. If amending the registered agent and/or i	registered office addre	ss on our records, <u>ente</u>	r the name of the new registere
agent and/or the new registered office addre			
Name of New Registered Agent:	. •	_	<u>. </u>
New Registered Office Address:	<u></u>		
		Enter Florida street addre	ess
		, F	Florida
None Destruction of Assert Street	Danistanus Amarts	Ò	ziji Couc

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

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>	Name	Address	Type of Action
MGR	FABIO GARCIA	113 Buttonwood Lone	ik Add
		Boynton Beach, FL 33436	□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
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	·		□Add
			□Remove
			□Change
	· ·		□ Add
		□Remove	
			□Change
			□Add
			Remove
			□Change

). If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	<u> </u>
	· · · · · · · · · · · · · · · · · · ·
	•
(If an el Note:	tive date, if other than the date of filing:
the reco	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the iled.
Dated	June 19, 2020
	Signature of a member or all the entrepresentative of a member
	FABIO GARCIA.
	Typed or printed name of signee