L2000268368

(Re	equestor's Name)	<u> </u>	
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(Ac	idress)		
(Ac	ldress)		
(Cil	ty/State/Zip/Phone	#)	
PICK-UP	WAIT	MAIL	
(Bu	isiness Entity Name	e)	
(Dc	ocument Number)		
(50	, outlier (turnser)		
Certified Copies	_ Certificates	of Status	
Special Instructions to Filing Officer:			

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Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 12/21/2020		**WALK
ENTITY NAME LEADIN	G REVOLUTION USA, LLC	
DOCUMENT NUMBER		
DOCCHENT NO. IBEN	**PLEASE FILE THE ATTACHED AND RETURN**	
XXXX	Plain Copy Certified Copy	٠.
	Certificate of Status	
¢	LEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY	
	Certified Copy of Arts & Amendments Certificate of Good Standing	
	APOSTILLE' / NOTARIAL CERTIFICATION	
COUNTRY OF DESTINATI NUMBER OF CERTIFICAT		-
TOTAL OWED \$25.00	ACCOUNT #: I20160000072	
Please call Tina at th	e above number for any issues or concerns. Thank you so	much!

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Leading Revolution USA, LLC		
(A Florida Lim	ompany as it now appears on o uted Liability Company)	ur records.)
The Articles of Organization for this Limited Liability Comp Florida document number $\frac{1.20000268368}{1.20000268368}$.	pany were filed on <u>09/04/2</u> 0	020 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
The new name must be distinguishable and contain the words "Limited	Liability Company," the designa	tion "LLC" or the abbreviation "L.E.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES.	<u>S)</u>	<u> </u>
		<u> </u>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		1 T
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		94.
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	fice address on our record	ls, enter the name of the new regi
agent and of the new registered white address here.		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida str	ect address
		, Florida
	City	Zip Code

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 w provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with an accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this documen 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 a or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Pam T. Hesler	6700 150th Avenue N., #523	□Add
		Tampa, FL 33602	Remove
			□ Change
AMBR	Paul Neira	50 Salisbury Ave.	□Add
		Toronto, Ontario M4X 1C4 Canada	
			□Change
			□Add
			∏Remove
			🗀 Change
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***************************************			□Add
			□Remove
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			□Remove

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Note: If the date inserted in th	must be specific and cannot be prior to date of shock does not meet the applicable state. Department of State's records.	(optional) of filing or more than 90 days after filing.) Pursuant to 605, tuttory filing requirements, this date will not be list.
e record specifies a delayed effe (d is filed.	ctive date, but not an effective time, at 1	12:01 a.m. on the earlier of: (b) The 90th day after
Dated	2020	
gia	I	
	Signature of a member or authorized re	presentative of a member
John T. Chafin H. A		
John T. Chafin H, A	MBR Typed or printed name	of signee

Filing Fee: \$25.00