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COVER LETTER

Division of Corporations Florida Leads Group, LLC SUBJECT: _ 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: Lorna Claret Name of Person Florida Leads Group, LLC Firm/Company 9140 Collins Avenue, Apt E Address Surfside, FL, 33154 City/State and Zip Code floridaleadsgroup@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Roger Moratinos 786 8780390 Name of Person Daytime Telephone Number Enclosed is a check for the following amount: □ \$25.00 Filing Fee **\$30.00** Filing Fee & □ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee. Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed) Mailing Address:

TO:

Registration Section

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

Florida Leads Group, LLC				
(Name of the Lim	ited Liability Com (A Florida Limite	ipany as it now appears ed Liability Company)	on our records.)	
The Articles of Organization for this Limited 1	liability Compa	ny were filed on $\frac{01/1}{1}$	2/2021	and assigned
Florida document number 1.21000027949	,			
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name of	of the limited li	ability company her	ē:	
N/A				
The new name must be distinguishable and contain the	words "Limited Lie	ability Company," the des	ignation "LLC" or the abbrev	viation "L.L.C."
Enter new principal offices address, if applicable:		9140 Collins Ave, Apt E. Surfside, FL, 33154		
Principal office address MUST BE A STRE	ET ADDRESS)		. .	
		N1/4	ro	26
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		N/A	از نی ا <u></u> ایرین امش	<u> </u>
				2 1
			**************************************	1
3. If amending the registered agent and/or		, ,		P 17
11 amending the registered agent and/or igent and/or the new registered office addre		e address on our rec	ords, <u>enter the name o</u>	The new register
				<u> </u>
Name of New Registered Agent:	Lorna Claret	Garcia Villalonga	*	
New Registered Office Address:	9140 Collins	Ave, Apt E		
	<u></u>	Enter Florid	la street address	
	Surfside		, Florida 33154	
	-	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 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>	<u>Name</u>	<u>Address</u>	Type of Action
AR	Sky Import, INC	8275 SW 107 AVE, Miami, FL, 33173	□ Add
			■Remove
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etivo	e date, if other than the date of filing:(optio	nal)
effect	tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after to the date inserted in this block does not meet the applicable statutory filing requirements, this	filing.) Pursuant to 605.02
	nt's effective date on the Department of State's records.	
	ord specifies a delayed effective date, but not an effective time, at 12:01 a goth day after the record is filed.	.m. on the earlier
d	11-12-2021	
	Signature of a member or authorized representative of a member	
	regiment of a memory of authorized representative of a memory	

Page 3 of 3

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