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(Ke	equestor's Name)	
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ua)	isiness Entity Nan	ne)
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Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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2021 OCT 22 PH 3: 27

A. BUTLER NOV 0 3 2021

COVER LETTER

TO:

Tallahassee, FL 32314

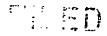
TO: Registration S Division of Co			
LEADOSC	PHY LLC	•	
SUBJECT:		ited Liability Company	
	Nume of Lim	ней главниу Сопрану	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	TIMOTHY WOODY		
		Name of Person	
	LEADOSOPHY LLC		
	····	Firm/Company	
	6223 8th St NW		
		Address	
	WASHINGTON, D.C. 200	11	
	tim@leadosophy.com	City/State and Zip Code	-
	E-mail address: (to be used for future annual report notif	ication)
For further information of	concerning this matter, please ca	all:	
Timothy Woody		440 855-0881	
		at ()	
Name o	of Person	Area Code Daytime	: Telephone Number
Enclosed is a check for t	he following amount:		
≘ \$ 25,00 Filing Fcc	☐ \$30,00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Fiting Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres		Street Address:	
Registration :		Registration Sec	
Division of C		Division of Corp	
P.O. Box 632	!. <i>1</i>	The Centre of T	allanassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LEADOSOPHY LLC



(Name of the Limited Liability Company as it now appears on our records.) 22 PH 3: 27

The Articles of Organization for this Limited Liability Company Florida document number 1.21000082845	were filed on 02/25/2021. 3: STATE and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	6223 8th St NW WASHINGTON, D.C. 20011
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, enter the name of the new registered
New Registered Office Address:	
Non Registered Office / Idaloss.	Enter Florida street address
	, Florida
New Registered Agent's Signature if changing Registered Agent:	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>	Address	Type of Action
			□ Add
			□Remove
			□Add
			□Remove
			□Change
			□Add
			□ Remove
			□Change
			□Add
			Remove
		···	□ Change
			
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			Change

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