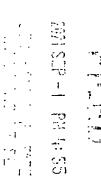
## K21000107743

(Requestor's Name)	
(Address)	
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PICK-UP WAIT MAIL	
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Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	



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## COVER LETTER

TO:	Registration Sec Division of Corp					
eum u	LEADFORG	Œ LLC				
SUBJE	EC1:	Name of Lim	ited Liability Company			
The en	closed Articles of A	Amendment and fee(s) are sub	mitted for filing.			
Please	return all correspon	idence concerning this matter	to the following:			
		JUAN BERMUDEZ				
			Name of Person			
		LEADFORCE LLC				
			Firm/Company			
		7440 N Ken	dall dr pp† 311	4		
			Address			
			L 33156			
			City/State and Zip Code			
		E-mail address: (	to be used for future annual report notification	<del>)</del>	دے دی	
For fur	ther information co	ncerning this matter, please ca	all:	•••	02) 	
JUAN	BERMUDEZ		27/	•		
	Name of	Person	Area Code Daytime Tele	phone Number	<u>-</u> -	 !
					3	, 4 t
Enclose	ed is a check for the	following amount:		****		* <b>2</b> 4 E*
<b>≡</b> \$25	5.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Stat Certified Copy (additional copy is enc		

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Street Address: Registration Section Division of Corporations The Centre of Tallahassee

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LEADFORCE LLC		
( <u>Name of the Limited L</u> (A F	iability Company as it now appears on our records.) londa Limited Liability Company)	
The Articles of Organization for this Limited Liabil	lity Company were filed on 3/5/2021	and assigned
Florida document number L21000107743	<del></del>	
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	e limited liability company here:	
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable		
(Principal office address MUST BE A STREET A	DDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO)	<u> </u>	
R If amending the registered agent and/or regis	tered office address on our records, enter the na	
agent and/or the new registered office address he		ne of the new registered
Name of New Registered Agent:		*- 3
New Registered Office Address:		
	Enter Florida street address	Total Santa
_	Florida _	Zip Code
New Registered Agent's Signature, if changing Regis	····¢	7

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 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
MGR	CAMAPGNOLO, LORETA	624 SW 1 ST APT 504, MIAMI 33130	□Add
			Remove
			□ Change
			□Add
			□Remove
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<del></del>			🗆 Add
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	<del></del>		□Add _i
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			□Change

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Filing Fee: \$25.00