Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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	Doing so will generate another cover sheet.	<u> </u>
To:	Division of Corporations Fax Number : (850)617-6383	ASSEE. F
From:	Account Name : REGISTERED AGENTS INC. Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010	YQIBOJ

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:				

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN LEAD STREAMS LLC

2021 AUG -- 3 KG 1: 96

Certificate of Status	0
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Estimated Charge	\$25.00

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B24/2)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION' OF

LEAD STREAMS LLC	
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.) hability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L21000347383</u>	were filed on 08/02/21 and assigned
This amendment is submitted to amend the following:	2021 SEC FALL
A. If amending name, <u>enter the new name of the limited liab</u>	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	7901 4TH ST N STE 5236명 및 기업
(Principal office address MUST BE A STREET ADDRESS)	ST. PETERSBURG, FL 33702 S
Enter new mailing address, if applicable:	7901 4TH ST N STE 5236
(Mailing address MAY BE A POST OFFICE BOX)	ST. PETERSBURG, FL 33702
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street 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 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>	Address	Type of Action
AMBR	Richard Robey	1732 S. Congress Ave	i X Add
		Palm Springs, FL 33461	□Remove
			□Change
AMBR	Kevin Goodnight	1125 West St Suite 318	X Add
		Annapolis MD 21401	□Remove
			□Change
			🗆 Add
			Remove
			□Change
			[]Add
			□Remove
			Change
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E. Effective date, if other than the (If an effective date is listed, the date mus Note: If the date inserted in this ble document's effective date on the De	date of filing: a be specific and cannot be prior to date of filing or more ock does not meet the applicable statutory filing repartment of State's records.	(optional) than 90 days after filing.) Pursuant to 605.0207 (3)(equirements, this date will not be listed as the
if the record specifies a delayed effective record is filed.	e date, but not an effective time, at 12:01 a.m. on	the earlier of: (b) The 90th day after the
Dated 08/03	2021	
Mongon Od	Signature of a member or authorized representative of	a member
Morgan No	ble	
	Typed or printed name of signee	

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Filing Fee: \$25.00