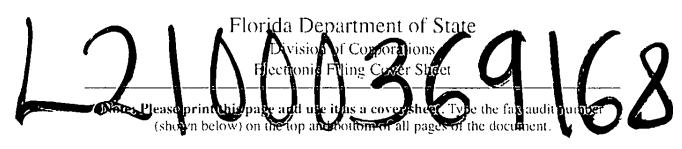
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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : INCFILE.COM LLC
Account Number : I20220000070
Phone : (888)462-3453
Fax Number : (877)919-2613

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

EFILE1234@INCFILE.COM

NEW TO THE STANDS OF STAND

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN YOUR FAVORITE LEAD GUY LLC

Certificate of Status	0
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Estimated Charge	\$25.00

M. SOLOMON

MAR 2 7 2024

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COVER LETTER

TO: Registration Section Division of Corporations

Tallahassee, FL 32314

	VORITE LEAD GUY ELC				2024 FAR 27 ANTI: 09
SUBJECT: Name of Limited Liability Company					
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
Please return all correspondence concerning this matter to the following: LOVETTE DOBSON Name of Person					
Firm/Company 17350 STATE HWY 249 STE 220 Address HOUSTON, TX 77064					
		Firm/Company			
	17350 STATE HWY 249 5	STE 220			
		Address			0.3
	HOUSTON, TX 77064				1 120 E
	EFILE1234@INCFILE.CO				\sim
	F-mail address: (to be used for future annual report notif	ication)	•	
For further information of	concerning this matter, please ea	all:		1 +	<u> </u>
LOVETTE DOBSON		at ()			60
Name (of Person	Area Code Daytime	: Telephone Number		
Enclosed is a check for t	he following amount:				
■ \$25,00 Filing Fee		Certified Copy	Certificate of Certified Copy	Status & y	
Registration	Section				
	•				
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: LOVETTE DOBSON Name of Person	ananassee				

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

YOUR FAVORE	TE LEAD GUY LLC	
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)	
	were filed on	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	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:	510 Royal Ridge Street	TH
	Valrico, FL 33594	.
	(A Florida Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) of Organization for this Limited Liability Company were filed on 08/17/2021 and assigned iment number 12/1000369168 ment is submitted to amend the following: ding name, enter the new name of the limited liability company here: must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "	
Enter new mailing address, if applicable:	510 Royal Ridge Street	
(Mailing address MAY BE A POST OFFICE BOX)	Valrico, FL 33594	201 0
agent and/or the new registered office address here:	address on our records, <u>enter the n</u>	ame of the new registered

New Registered Office Address:	Enter Florida street address	
The Articles of Organization for this Limited Liability Company were filed on		
	Cuy	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

スノクフノクロウム	08-31-31	CDT

P	aç	e:	4	1	5

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
AMBR	Ross Crawford	510 Royal Ridge Street	
		Vatrico, PL 33594	□Remove
			Change
			□Add
			□Remove
			Change 4
	<u>.</u>		□Change H. A. R. 27
			□Remove Control Contr
			i ¬ add
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				27	
					
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Effective date, if other than the If an effective date is listed, the date must be a listed. If the date inserted in this blaceument's effective date on the D	ock does not meet the applic	able statutory filing requi	(optional) 90 days after filing.) Pursus rements, this date will no	ant to 605.0207 of be listed as	' (3 th
e record specifies a delayed effectiv rd is filed.	e date, but not an effective t	ine, at 12:01 a.m. on the o	earlier of: (b) The 90th	day after the	
Dated March 26th	. 2024	·			
	· Ras	a Commonatall			
	Signature of a member or auth	prized representative of a me	mber	···	
	Ross Ci	V awford			
	Typed or print				