

W21000436322

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

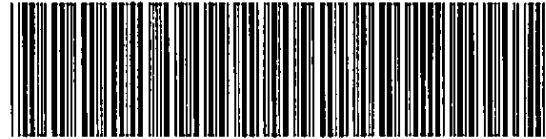
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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12/16/22--01006--023 **25.00

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2022 DEC 16 AM 9:09
12/16/22

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ILEAD LLC
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:

Suzanne Martin
Name of Person
ILEAD LLC
Firm/Company
2975 Cardassi Dr
Address
Ocoee, FL 34761
City/State and Zip Code
suzmar45@gmail.com
E-mail address: (to be used for future annual report notification)

SECRET
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For further information concerning this matter, please call:

Suzanne Martin
Name of Person
407
Area Code
234-6906
Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| ☒ \$25.00 Filing Fee | ☐ \$30.00 Filing Fee &
Certificate of Status | ☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | ☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|--|--|--|

Mailing Address:
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

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>	<u>Type of Action</u>
AMBR	Dawn L Martin	9934 Dean Oaks Ct.	☒ Add
		Orlando	☐ Remove
		FL 32825	☐ Change
AMBR	Eli A Johnson	2975 Cardassi Dr.	☒ Add
		Ocoee	☐ Remove
		FL 34761	☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

2022 DEC 16 AM 9:09
ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED
DATE 11/11/2022 BY 60322 UCBAW

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated December 14, 2022.

Suzanne Martin
Signature of a member or authorized representative of a member

Suzanne Martin

Typed or printed name of signee