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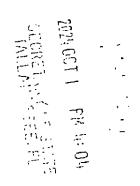
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COVER LETTER

TO:

Registration Section Division of Corporations

CLID ITTE	D LEADS LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspor	ndence concerning this matter	to the following:	
	Gelnnie Crespo		
Name of Person			
	Klever Leads LLC		
	3238 Azolla Street		
Address			
	Orlando, Florida 32808		
	-	City/State and Zip Code	
	gelimiecrespo@gmail.com		3.
	E-mail address: (to be used for future annual report notification)	TAGE FOR PAGE
For further information ec	oncerning this matter, please ea	all:	EE 9
Gelnnie Crespo		407 561-0670 at ()	
Name of	Person	Area Code Daytime Telephone Number	2024-00T-1 PK 1: 04
Enclosed is a check for th	e following amount:		in +
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certified	te of Status &
Mailing Address Registration S Division of Co P.O. Box 632 Tallahassee, F	Section orporations 7	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 8	10

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VANGUARD LEADS LLC

(Name of the Limited	Liability Company as it now appears on ou V Florida Limited Liability Company)	r records.)
The Articles of Organization for this Limited Liab Florida document number $\frac{1.22000009534}{1.22000009534}$	bility Company were filed on 01/03/202	2 and assigned
This amendment is submitted to amend the follow	ving:	
A. If amending name, <u>enter the new name of t</u>	he limited liability company here:	
Klever Leads LLC		
The new name must be distinguishable and contain the wor	rds "Limited Liability Company." the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicat	ble:	
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable:		SECUL SECUL
(Mailing address MAY BE A POST OFFICE B	<u>ON)</u>	
B. If amending the registered agent and/or reg agent and/or the new registered office address		enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	19 19 17	
	Enter Florida stree	
	City	Florida

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>	<u>Address</u>	Type of Action
			□Remove
			□Change
			□Add
			□Remove
			□ Change □
			□ Add □ 1
			□Remove (p)
			□ Change Tr
			□ Add
			□Remove
			Change
			□Add
			□Remove
		.	□Change
			□ Add
			□Remove
			□ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: (optional) (optional) (optional) (from 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 (4)5.0207 (5)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be rested 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. 2024 Signature of a member of authorized representative of a member Gelinic Crespo Typed or printed name of signee

Filing Fee: \$25.00