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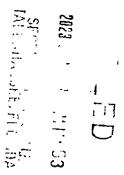
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## **COVER LETTER**

TO: Registration Se Division of Cor					
	EADY LEADS LLC				
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	indence concerning this matter	to the following:			
	Ryan Reisert				
		Name of Person		2023 . T	
		Firm/Company		<del>)</del>	•
	2712 Derr Rd				
		Address		7 17 53 Fig. 10,	
	Denair CA 95316				
		City/State and Zip Code			
	ryan@reisertconsulting.con	to be used for future annual report notif	ication)		
For further information c	oncerning this matter, please c	·	· · · · · · · · · · · · · · · · · · ·		
Elizabeth Heath		509 893-4457			
Name o	î Person	at () Area Code Daytime	2 Telephone Number		
Enclosed is a check for t	ne following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	■ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	e of Status &	

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PHONE READY LEADS LLC	
( <u>Name of the Limited Liability Company as it now appear</u> (A Florida Limited Liability Company)	on our records.)
The Articles of Organization for this Limited Liability Company were filed on $\frac{3.3}{2}$ Florida document number $\frac{1.22000156227}{1.2000156227}$ .	and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company he	<u>re</u> : 1202 202
The new name must be distinguishable and contain the words "Limited Liability Company," the de-	
Enter new principal offices address, if applicable:	· · · · · · · · · · · · · · · · ·
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	÷ 3
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office address on our reagent and/or the new registered office address here:	cords, <u>enter the name of the new registered</u>
Name of New Registered Agent:	,
New Registered Office Address:  Enar Flori	da street address
	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.

City

Zip Code

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
ambr	Shawn A. Sease	615 Johnson St	
		Red Bluff CA 96080	
			☐ Change
MGR	Ryan Reisert	2712 Derr Rd	□ Add
		Denair CA 95316	
			ASI Change
MGR	GR Justin B Middleton	92 Gillian Dr	; ;; ; ; , , , ,
		Spring HillFL 34609	☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
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	My Ja			2023 SI <sup>-</sup> Al .
	signature of a member or aut	thorized representative of a	member	1111
Ryan Reisert	Typed or prii	nted name of signee		<u> </u>
	Fil	ing Fee: \$25.00		<del>မြ</del> န္