## L22000429017

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## **COVER LETTER**

TO:

Registration Section

Tallahassee, FL 32314

Division of Corporations	.4%
SUBJECT: Sales Lead	Guru, LLC
Name of I	Limited Liability Company
The enclosed Articles of Amendment and fee(s) are	submitted for filing.
Please return all correspondence concerning this mat	ter to the following:
	Stanbury Name of Person
Sales	Lead Gury, LLC Firm/Company
2423 Cour	ngton Creen Cir. W.
Jachsonvi	City/State and Zip Code
	is. (to be used for future annual report notification)
For further information concerning this matter, pleas	e call:
Gregory Stanbury Name of Person	at (904) 236-1002 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
\$\sigma \frac{\sigma}{25.00}\$ Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)
Mailing Address:	Street Address:
Registration Section Division of Corporations	Registration Section Division of Corporations
P.O. Box 6327	The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

<u>Jajes Leact (10</u> ( <u>Name of the Limited Liabili</u> (A Florida	oru, LLL	
( <u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears on our . i Limited Liability Company)	records.)
The Articles of Organization for this Limited Liability C Florida document number <u>L 22000429017</u> This amendment is submitted to amend the following:	Company were filed on 10/04	/ බ0බබ_ and assigned
A. If amending name, enter the new name of the lim	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDI	RESS)	20
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
t de la companya de		<del></del>
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our records, y	enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street	address
		. Florida
	City	zip Coae

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	Virgilio Lasaga	3414 NE 17 Terr.	_ ₽Ædd
		Ocala, FL 34479	□Remove
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ective date, if other than the date of filing effective date is listed, the date must be specific and the date inserted in this block does not ument's effective date on the Department of	meet the applicable		(optional) 90 days after filing.) I rements, this date w	Pursuant to 605.020 fill not be listed :
cord specifies a delayed effective date, but no s filed.				90th day after th
Dac 16	. २०२२ .			
Gregory				

Filing Fee: \$25.00