## 122000530960

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## **COVER LETTER**

Registration Section Division of Corporations

TO:

Service Lea SUBJECT:	ads Direct LLC			
<u></u>	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Jason Bowings			
		Name of Person		
	Service Leads Direct LLC			
		Firm/Company		
	4166 Montague Ln			2022
		Address		
	North Port, FL 34287		٠	2022 DEC 27
		City/State and Zip Code		The Life
	jbowings@gmail.com			.2
	E-mail address: (	to be used for future annual report noti	fication)	23
For further information e	oncerning this matter, please c	all:		
Jason Bowings		443 8584980 at ( )		
Name of Person		Area Code Daytim	e Telephone Number	
Enclosed is a check for the	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 Se Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations `allahassee e Street, Suite 8	10

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Service Leads Direct LLC		
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.) iability Company)	
The Articles of Organization for this Limited Liability Company	were filed on December 20, 2022	and assigned
lorida document number 1.22000530960		
his amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limited liabi	lity company here:	
he new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LLC" or the abb	reviation "L.L.C."
Inter new principal offices address, if applicable:		~
Principal office address MUST BE A STREET ADDRESS)		1521
	<u> </u>	
		53
inter new mailing address, if applicable:	·	ا فيرسب
		ÇD *
Mailing address MAY BE A POST OFFICE BOX)		л Ю
	<del></del>	
s. If amending the registered agent and/or registered office a gent and/or the new registered office address here:	ddress on our records, enter the name	of the new regis
Name of New Registered Agent:		
New Registered Office Address:		
	Emer Florida street address	
	, Florida	
	City	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 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
MGR	Jason Bowings	4166 Montague Ln	<b>≅</b> Add
		North Port, FL 34287	□Remove
			□Change
	<del></del>		□Add
		<del></del>	□Remove
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			□Remove  □ Change
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ective date, if other than the	date of filing:	(o <sub>l</sub>	otional)
	be specific and cannot be prior to date of ok does not meet the applicable stati		
ument's effective date on the De			
	date, but not an effective time, at 12	2:01 a.m. on the earlier of:	(b) The 90th day after the
s filed.			
December 22	2022		
ed	·	•	
	2. in Data	INA RAZINA	
- C A - A -	our , Thu	WWW IN DUX II ICH	
Janu F	Signature of a member or authorized rep	resentative of a member	