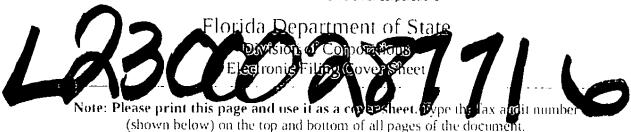
8/21/23, 4:11 PM

**Division of Corporations** 



(((H230002902913)))



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**Note:** DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN LEAD LYNX LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

Electronic Filing Menu — Corporate Filing Menu

Help

To 19506176383

## Fax: 8134365206

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

∮ Lead Lynx LLC		
( <u>Name of the Limited Liabilit</u> (A Fiorida	y Company as it now appears on our records.) Limited Liability Company)	<del></del>
The Articles of Organization for this Limited Liability Co Florida document number L23000287716	ompany were filed on 06/14/2023	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
The new name must be distinguishable and contain the words "Limit	ited Liability Company," the designation "LLC" or the al	obreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDR	ESS)	
	A	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
	·	
<ol> <li>If amending the registered agent and/or registered gent and/or the new registered office address here:</li> </ol>	office address on our records, <u>enter the nan</u>	ne of the new registo
Name of New Registered Agent:		<del></del>
New Registered Office Address:		pre- (
THE REGISTER OFFICE AUTIES.	Enter Florida street address	بن
	, Florida	37
	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

Title	Name	<u>Address</u>	Type of Action
AMBR	Numan Jamal	7901 4TH ST. N SUITE 5509	X:Add
		St. Petersburg, FL 33702	□Remove
			OChange
AMBR	Hamza Khalid	7901 4TH ST. N SUITE 5509	<b> K</b> i Add
		St. Petersburg, Fl. 33702	⊡Remove
			El Change
			□Add
		***************************************	□Remove
			FlChange
			FlAdd
		······································	□Remove
			[]Change
			□Add
			⊔Remove
			□Change
<del></del>			Dadd
			□Remove
			FO Attack

From Registered Agents Inc.

To 18506176383

Dated 08/21	400	4.5 1 1 1	<del></del>		
Dated		2023	·		
the record specifies a delayed coord is filed.	ffective date, but no	st an effective ti	me, at 12:01 a.m. or	the earlier of: (b)	The 90th day after the
(If an effective date is listed, the di <u>Note:</u> If the date inserted in document's effective date on	this block does not	meet the applic	able statutory filing		
. Effective date, if other tha				(option	
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Typed or printed name of signee