L>3 000 335859

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer: This was mailed in Do Not File, Customer Wants a refund on the One mailed.

Office Use Only



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ALLAHASSEE ET SOL





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July 25, 2023

JEFFREY TAIT 3301 NE 1ST AVE, SUITE 2815 MIAMI, FL 33137

SUBJECT: LEAD NINJAS, LLC Ref. Number: L23000335859

We have received your document for LEAD NINJAS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refax this document until the quality has been improved.

The first page of the application is missing from your document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tammi Cline Regulatory Specialist II Supervisor Letter Number: 223A00016639

www.sunbiz.org

•	•	COVER LETTER	
TO: Registration So Division of Cor			
SUBJECT:	EAD MINIAS,	LLC	
	Name of Lim	ned Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	<u> </u>	Circy tait	
		Eirn Company	202*
	3301	NE 1St AVE JUITE Z	8/1 2
		City/State and Zip Code	 ල
	E-mail address: (leadnings, Co. to be used for future Annual report notific	eation)
For further information of	concerning this matter, please c	all;	
Jeffre	y Tait	at (9517) 439 - (0679
Name o	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	 \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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
Tallahassee, FL 32303

S. STEERS AND SECRETARIAN CONTRACTOR OF SECURITION OF SECURITIES.

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1640 NINDA	Any as It now appears on our records.) Liability Company)
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>& 23000 335559</u> .	y were filed on 7/17/23 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	bility company here:
The new name must be distinguishable and contain the words "Limited Liabi	thty Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	21.7
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	1
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registers
Name of New Registered Agent:	
Name of New Registered Agent: New Registered Office Address:	Enter Elevation and addition
	Enter Florida street address , Florida

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 Changing Registered Agent, Signature of New Registered Agent

If amendin or removed	g Authorized Person(s) authorized to m from our records:	anage, enter the title, name, and address of ea	ch person being added
MGR = N $AMBR = A$	lanager authorized Member		
<u>Title</u>	Name	Address	Type of Action
MGR	Jeffrey Tait	3301 NE 1st AVE	Add
		Suite 2815	□Remove
		MIAMI FL 33137	Change
			C Add 203
			□ Remove
			TChange CT
			DAdd
			© ⊡Remove
			☐ Change
			□ Remove
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. Effecti	we date, if other than the date of filing:	0.20** (1)/5/
(Haneffe	we date, if other than the date of Hiling: Letive 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 605 if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listent's effective date on the Department of State's records	ed as the
f the recor- ecord is fil	I specifies a delayed effective date, but not an effective time, at 12°01 a m, on the earlier of: (b) The 90th day afte ed.	r the
	July 23 , 2023	
Dated		
Dated	July 23 2023 Multi Text Signature of a thember or authorized representative of a member	

Filing Fee: \$25.00