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## OocuSigr.=Envelope ID: 8B902003-AF89-45EA-AD4C-23941B8AAAB3 CUVER LETTER

		stration Sec ion of Corp		^		
SHD IE	~l	LEADSCLU	SIVE LLC			
SUDJEC	. I : _			ited Liability Company		<u> </u>
The enck	osed .	Articles of A	Amendment and fee(s) are sub	mitted for filing.		
Please re	eturn a	ill correspor	dence concerning this matter	to the following:		
			Kyle Davis			
				Name of Person		<del></del>
			LEADSCLUSIVE LLC			
				Firm/Company		
			8149 Moritz Court,			
Address						-16-16-16-16-16-16-16-16-16-16-16-16-16-
			Orlando, FL 32825			
City/State and Zip Code						<del></del>
			kyleladavis@gmail.com			
For furth	er inf	ormation co	E-mail address: ( ncerning this matter, please co	to be used for future annuall:	sal report notification)	
Kyle Da		ormation co	meering this matter, please of	269	568-0755	
•		Name of	Person	at ()_ Area Code	Daytime Teleph	one Number
Enclosed	lis a c	theck for the	e following amount:			
<b>■ \$2</b> 5.6	<b>00</b> Fil	ing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fe Certified Copy (additional copy is		S60.00 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

## DocuSign Envelope ID: 8B902003-AF89-45EA-AD4C-23941B8AAAB3 ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

LEADSCLUSIVE LLC					
(Name of the Limit	ed Liability Compa (A Florida Limited	iny as it now appears on our Liability Company)	records.)		
	iability Company	were filed on $\frac{08/04/202}{}$	2	and assig	ned
forida document number	·				
If amending name, enter the new name of the limited liability company here:  The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."  ter new principal offices address, if applicable:  ### Orlando, FL 32825  ### Orlando, FL 32825  ### Orlando, FL 32825  ### Orlando, FL 32825					
the Articles of Organization for this Limited Liability Company were filed on 08/04/2022 and assigned solution document number L23000368262  This amendment is submitted to amend the following:  If amending name, enter the new name of the limited liability company here:  The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."  Inter new principal offices address, if applicable:  Principal office address MUST BE A STREET ADDRESS)  The new mailing address, if applicable:  8149 Moritz Court  Orlando, FL 32825  Orlando, FL 32825					
e new name must be distinguishable and contain the v	ords "Limited Liabi	lity Company," the designation	n "LLC" or the abbrev	iation "L.L.	C."
Inter new principal offices address, if applicable:		8149 Moritz Court			
rincipal office address MUST BE A STREE	T ADDRESS)	Orlando, FL 32825			
			<u> </u>	2023	
nter new mailing address, if applicable:		8149 Moritz Court,	<u>**</u>	70	
lailing address MAY BE A POST OFFICE	BOX)	Orlando, FL 32825		0	p=-,=
					·
			· ·	ယ်	
		address on our records,	enter the name of	the new	<u>registe</u>
en androi the new registered office addre	ss nere.				
Name of New Registered Agent:	Alpha Trust Se	rvices, Inc.			
New Registered Office Address:	773 Citrus Cov	e Drive.			
		Enter Florida stree	t address		
	Winter Garden		Florida <u>34787</u>		
		City		Lip Coxte	

## 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 Changing Registered Agent, Signature of New Registered Agent

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H amending Authorized rerson(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	<u>Name</u>	Address	Type of Action
MGR	Trusthouse LLC	773 Citrus Cove Drive	≣Add
		Winter Garden, FL 34787	□Remove
			□ Change
			□Remove
		<del></del>	□Change
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		<del></del>	
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ffective date, if other than t an effective date is listed, the date i	he date of filin	ıg:	date of tiling or mor	optio (optio	nal) Sling A Pursi	iani to 605 02
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ocument's effective date of the	Department of	state's records.				
record specifies a delayed effect dis filed.	tive date, but no	t an effective tim	e, at 12:01 a.m. or	the earlier of: (b)	The 90th	ı day after th
09/13 Dated		2023				
Dated	<u> </u>	/ — Ducu Signed	- '			
		Kyle Dav				
		1	zed representative o			

Filing Fee: \$25.00