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COVER LETTER
TO: Registration Section Division of Corporations
SUBJECT: LEOCICE Consulting Agency, LLC. Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Jessenia Leader
Leader Consulting Agency, LLC
11145 Normandy Circle
Temple Terracl F1 33617
JESE TAA LONGUITING AGENCY-CON E-mail address: (to be used for future annual report notification) GEORGE
For further information concerning this matter, please call:
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$60.00 Filing Fee,

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Certificate of Status

Certified Copy

(additional copy is enclosed)

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Certificate of Status & Certified Copy (additional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

(A Florida Limited L	iability Company)
The Articles of Organization for this Limited Liability Company	were filed on and assigned
Florida document number	_
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	11145 NOVEMBER CINCLO
(Principal office address MUST BE A STREET ADDRESS)	Temple Terrace @ 331017
Enter new mailing address, if applicable:	The state of the s
- "	
(Mailing address MAY BE A POST OFFICE BOX)	(F) (F) (F)
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 registered
Name of New Registered Agent:	enia Leader
New Registered Office Address: 11145 Temple 1	Tervare Florida signer address 33617
	, Florida
New Registered Agent's Signature, if changing Registered Agent:	City Zip Code
I hereby accept the appointment as registered agent and agri-	
provisions of all statutes relative to the proper and complete	

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.

honging Registered Agent, Signature of New Registered Agent

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 = Ma $AMBR = Au$	nager thorized Member	- k0		
<u>Title</u>	Name (n)	per levo	Address	Type of Action
MGR-	Glen Lea	der Je.	HH45 NOVAPANY	COLC BADD
			Temple, Terrace, F1-32	A Fremove
				Change
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<u>ote:</u>	ve date, if other than the date of filing:
ecor is fil	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
ited	- Cadio
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00