

M17000007566

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

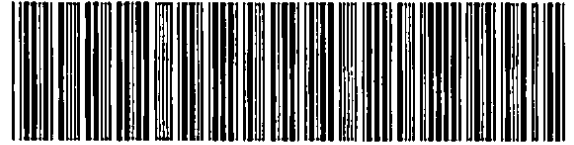
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only

A. RIVERS

JAN 05 2022



500377848375

12/30/21--01010--003 \*\*25.00

FILED  
2021 DEC 20 AM 10:03  
CLERK OF STATE  
TOLSON, MD

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: LEAD FAIL WIN, 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:

ANGELA DUNCAN  
Name of Person

LEAD FAIL WIN, LLC  
Firm/Company

PO BOX 340656  
Address

TAMPA, FL 33694  
City/State and Zip Code

ANGELA.DUNCAN@WEINSUREGROUP.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANGELA DUNCAN at ( 813 ) 522-5568  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

**If Changing 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 = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
VP	ANGELA DUNCAN	3690 W GANDY BLVD # 461	<input type="checkbox"/> Add
		TAMPA FL 33611	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
VP	ANGELA DUNCAN	10600 GRIFFIN ROAD #A105	<input checked="" type="checkbox"/> Add
		COOPER CITY, FL 33328	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(If an effective 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 605.0207 (3)(b)

If the record 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 record is filed.

Angela Duncan  
Signature of a member or authorized representative of a member

Typed or printed name of signee

**Filing Fee: \$25.00**