

M17000007566

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

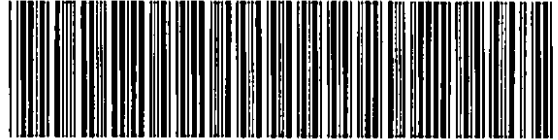
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Q. SILAS
MAY 12 2022

5/11/22

Office Use Only



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03/21/22--01017--007 **25.00

FILED

2022 MAY -4 PM 6:07

SECRETARY OF STATE
TALLAHASSEE, FL



RECEIVED

2022 MAY -4 PM 12:12

FLORIDA DEPARTMENT OF STATE

Division of Corporations

SECRETARY OF STATE
TALLAHASSEE, FL

April 8, 2022

ANDREW DUNCAN
6320 S DALE MABRY HWY
TAMPA, FL 33611

SUBJECT: LEAD FAIL WIN LLC
Ref. Number: M17000007566

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

The form you submitted is for a FLORIDA LIMITED LIABILITY COMPANY, but your entity is a FOREIGN LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s). All pages must be returned in order to file the 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.

Querida R Silas
Regulatory Specialist II

Letter Number: 622A00008243

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Lead fail Win, LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Andrew Duncan
Name of Person

Lead fail Win, LLC
Firm/Company

6320 S. Dale Mabry Hwy
Address

Tampa, FL 33611
City/State and Zip Code

Accounting@theduncanduo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Andrew Duncan at (813) 359 8990
Name of Person Area Code & Daytime Telephone Number

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

Enclosed is a check for the following amount:

- ☒ \$25 Filing Fee ☐ \$30 Filing Fee & Certificate of Status ☐ \$55 Filing Fee & Certified Copy ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA **FILED**

SECTION I (1-4 must be completed) 3/27 MAY -4 PM 6:07

1. Name of limited liability Company as it appears on the records of the Florida SECRETARY OF STATE
TALLAHASSEE, FL
State: Head fail Win, LLC

Enter new principal office address, if applicable: 3690 W. Gandy Blvd #41
Tampa, FL 33611
(Principal office address
MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:
(Mailing address
MAY BE A POST OFFICE BOX) PO Box 320792
Tampa, FL 33679

2. The Florida document number of this limited liability company is: M17000007566

3. Jurisdiction of its organization: Florida

4. Date authorized to do business in Florida: 9/1/2017

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: _____
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: Andrew Duncan
New Registered Office Address: 3690 W. Gandy Blvd, #461
Tampa Florida 33611
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.

Andrew Duncan
If Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>VP</u>	<u>Angela Duncan</u>	<u>10600 Griffin Road</u> <u>Cooper City, FL</u> <u>33328</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>VP</u>	<u>Andrew Duncan</u>	<u>3690 W. Gandy Blvd</u> <u>#461, Tampa</u> <u>FL 33611</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/> Add <input type="checkbox"/> Remove
<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/> Add <input type="checkbox"/> Remove
<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/> Add <input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

Andrew Duncan
Signature of the authorized representative

Andrew Duncan
Typed or printed name of signee

Filing Fee: \$25.00