L25000005146

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FEB 20

S. PRATHER

COVER LETTER

Divis	sion of Corpo	rations		
SUBJECT: _	LEADING	BEAM LLC		
SUBJECT.		Name of Limi	ted Liability Company	
The enclosed	Articles of Ar	mendment and fee(s) are sub-	mitted for filing.	
Please return a	all correspond	lence concerning this matter t	to the following:	
		LEANDRO MARTIN FI	LUCK	
			Name of Person	
		LEADING BEAM LLC		
			Firm/Company	
			Address	
		DELRAY BEACH, FL. 3	33445	
			City/State and Zip Code	
		LEADINGBEAM@GMA		
	_		o be used for future annual report no	nncation)
For further inf	formation con	cerning this matter, please ca	dil:	
LEANDRO) MARTIN F	LUCK	954 544-7147 at ()	
	Name of P	Person	Area Code Daytii	ne Telephone Number
Enclosed is a	check for the	following amount:		
□ \$25.00 Fi	ling 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)

TO:

Registration Section

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LEADING BEAM LLC			
(Name of the Limited Liability Company (A Florida Limited Liab	as it now appea bility Company)	rs on our records.)	<u> </u>
The Articles of Organization for this Limited Liability Company we L25000005146	ere filed on	JANUARY 02, 2025	and assigned
Florida document number			اب
his amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabilit	y company h	ere:	
he new name must be distinguishable and contain the words "Limited Liability	Company," the	lesignation "LLC" or the abbi	reviation "L.L.C."
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRESS)			
-			
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)			
<u>.</u>			
3. If amending the registered agent and/or registered office adegree and/or the new registered office address here:	dress on our 1	ecords, <u>enter the name</u>	of the new regi
gent and/or the new registered office address here.			
Name of New Registered Agent:			
New Registered Office Address:	Enter Flo	rida street address	
		. Florida	
	City	, Fioriua	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.

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>	Type of Action
AMBR	Kristen Noel Bond Mack Fluck	2755 CASITA WAY, APT. 207	= Add
		DELRAY BEACH, FL. 33445	□Remove
			□Change
			□Add
			□Remove
			☐ Change
			□ Add
			□Remove
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		····	□ Remove
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			□Add

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