## B24000000165

(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:			
J. HORNE			
MAY - 7 2025			

Office Use Only



200449968152

FILED 2025 KAY - 6 AM 10: 17



### Sunshine State Corporate Compliance Company

#### 3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 05/06/2025	_	**WALK IN*
ENTITY NAME <sup>1 JT F</sup>	RELEAF LP	WALK IIV
LINTITE INAPIL	·	
DOCUMENT NUMBER	₹	
	**PLEASE FILE TH	E ATTACHED AND RETURN**
xxxxxxxx	Plain Copy	
	Certified Copy	
<del></del>	Certificate of Status	
	Certified Copy of Arts Certificate of Good Sta	
	**APOSTILLE' / N	OTARIAL CERTIFICATION**
COUNTRY OF DESTIN	ATTON	
NUMBER OF CERTIFIC	CATES REQUESTED	
TOTAL OWED \$52.5	0	ACCOUNT #: I20160000072
		S R FM
Places well Time at	the choice number for	any issues or concerns. Thank you so much!

# AMENDMENT TO CERTIFICATE OF AUTHORITY FOR FOREIGN LIMITED PARTNERSHIP

1. The name of the limited partnership or limite the Florida Department of State is:  1 EP RELEAF LP	ed liability limited partnership as it appears on the records of
2. Document Number of Foreign Limited Partne B24000000165	ership or Limited Liability Limited Partnership:
2. The jurisdiction of its formation is: Delaware	· <del></del>
3. The date the entity was authorized to transac	et business in Florida is: May 28, 2024
4. If the amendment changes the name of the lithe new name:  1 JT RELEAF LP	imited partnership or limited liability limited partnership, enter
Acceptable Limited Partnership suffixes: Limited Partnership suffix Acceptable Limited Liability Limited Partnership suffix	nership, Limited, L.P., LP, or Ltd. ess: Limited Liability Limited Partnership, L.L.L.P. or LLLP.
(If name unavailable in Florida, enter alternate (Florida.)	name adopted for the purpose of transacting business in
5. If the amendment changes the general partne Name:	er(s), list the name and business address of each general partne <u>Business Address:</u>
	∏Add
	Remove
	∏Add
	Remove
	Change
	∏Add
	Remove
	Change
	∏Add
	Remove
	Change
	∏Add
	Remove
	Change
	∏Add
	Remove
	Change

6. If the amend	dment changes the jurisdiction of organization, indicate new jurisdiction:
7. If the amend corrected and t	idment corrects any false statement listed in the application, indicate the statement being the correction:
8. If the amend the appropriate	idment is to add or delete an election to be a limited liability limited partnership statement, che e box:
	The entity elects to be a limited liability limited partnership.
	The entity is no longer a limited liability limited partnership.
amendment(s),	an original certificate, no more than 90 days olds, evidencing the aforementioned duly authenticated by the official having custody of records in the jurisdiction under the law ity is organized.
(If an effective days after filing Note: If the days	date, if other than the date of filing:  date is listed, the date must be specific and cannot be prior to date of filing or more than 90 ag.)  ate inserted in this block does not meet the applicable statutory filing requirements, this dated as the document's effective date on the Department of State's records.
Typed or printe	general partner:   MS006B54458  Ited name:  Per Massa, Authorized Person
Filing Fee: Certified Cop Certificate of	\$52.50 by (optional): \$52.50 Status (optional): \$8.75



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#### The First State

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE

STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "1 EP RELEAF

LP", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "1

JT RELEAF LP" ON THE FIFTH DAY OF MAY, A.D. 2025, AT 3:17

O'CLOCK P.M.



Charuni Patibanda-Sanchez, Secretary of State

C. G. Sanchez

Authentication: 203618316 Date: 05-06-25