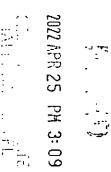
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COVER LETTER

	tration Section ion of Corporations		
SUBJECT: _	4 LEAFS, LLC		
		Name of Limited Liab	pility Company
Dear Sir or Ma	idam:		
The enclosed S	Statement of Correction and fee(s) are submitted for filin	<u>g</u> .
Please return a	Il correspondence concerning this	s matter to the followin	g:
Kristen M. Jac	kson		
	Name of Person		_
Jackson Law	² A		
	Firm/Company		_
5401 S Kirkm	an Rd. Ste 310		
· · · ·	Address		_
Orlando			
	City/State and Zip Code		_
rbarbon67@g	mail com		
E-mail ac	ldress: (to be used for future annu	ial report notification)	_
For further info	ormation concerning this matter,	please call:	
Kristen M Jac	kson	407 at (363-9020
	Name of Person	Area Code	Daytime Telephone Number
Regi Divi P.O.	ng Address: stration Section sion of Corporations Box 6327 thassee, 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 F	ce S30 Filing Fee & Certificate of Status	□S55 Filing Fee & Certified Copy	☐ \$60 Filing Fee. Certificate of Status & Certified Copy

CR2E062 (9/15)

STATEMENT OF CORRECTION FOR



Pursuar	nt to section 605.0209. F.S., this document is being submitted to correct a previous. The name of the limited liability company is: 4 LEAFS, LLC	ly filed document. 2022 APR 25	PH 3: 09				
FIRST	. The name of the finited habitity company is:	C	i i r				
SECO:	ול כן						
THIRI	Articles of Organization						
	(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLI	CABLE STATEMEN	<u>r</u>				
12 0.	Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:						
	The principal place of business address, mailing address and registered agent address	are wrong stating it is					
	1615 Woodward Street, Orlando, FL 32803.						
	The correct address for all is 8744 Lost Cove Drive, Orlando, FL 32819						
	OR						
0	vas defectively signed. The manner in which the document was defectively signed and the appropriate correction are s follows:						
	OR		··				
	The electronic transmission of the record was defective.						
	Signature of Authorized Representative	4/21/22 Date					
Signatu acceptii	re of new registered agent, if applicable :(NOTE: if correcting the registered agent ng the designation).	, the new registered ag	ent must sign				
-1 hereby - provisio - obligati	egistered Agent's Signature, if changing Registered Agent. w accept the appointment as registered agent and agree to act in this capacity. I fine instantial institutes relative to the proper and complete performance of my duties, and ions of my position as registered agent as provided for in Chapter 605, F.S. Or, if the change in the registered office address. I hereby confirm that the limited liability change.	d I am familiar with an his document is being I.	d accept the iled to merely				
Registered Agent's Signature							

Filing Fee: Certified Copy:

\$25.00

\$30.00 (optional)