L22000 331258

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Eddinose Entry Name)
(Consumer and Number)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:



700393239547

99.001.1224-0.00104-007 (HAP).201

TANK OF STATE OF STAT

Office Use Only



COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Cor	porations			
1086 SATE SUBJECT:	NLEAF, LLC			
SOBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of .	Amendment and fec(s) are sub	omitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	ISABELLA BANGY			
		Name of Person		
		Firm Company		
	18551 80th Road			
		Address		22 S
	Jamaica, NY 11432		· · · · · · · · · · · · · · · · · · ·	- K
	bangy66(@gmail.com	City/State and Zip Code		- P
	E-mail address: (to be used for future annual report noti	fication)	22 SEP -1 PM 4: 37
For further information of	oncerning this matter, please c	all:		37
Isabella Bangy		917 6128354 at ()		
Name of	f Person	Area Code Daytim	e Telephone Number	
Enclosed is a check for th	ne following amount:			
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60,00 Filing Fee Certificate of Sta Certified Copy (additional copy is e	atus &
Mailing Addres Registration S Division of C	Section	Street Address: Registration Se Division of Cor		
P.O. Box 632		The Centre of T		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

New Registered Agent's Signature, if changing Registered Agent:

Name of New Registered Agent:

New Registered Office Address:

1086 SATINLEAF, LLC

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

, Florida __

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>	Address	Type of Action
MGRM	ISABELLA BANGY	18551 80th Road	
		JAMAICA NY 11432	□Remove
			€ Change
			□ □ Remove 22 □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □
			22 SEP - 1 APH 4:237
			□Change
			□Remove
			⊒Add
			□Remove
			
			=.
			□Remove

INSTEAD OF MGR AS ISA	BELLA BANGY IS A MANAGING MEMBER	
•		
		· · · · · · · · · · · · · · · · · · ·
		 -
		2
		SET
		P
		.
		3
ctive date, if other than the		(optional)
	t be specific and cannot be prior to date of filing or more than 9 sek does not meet the applicable statutory filing require	
ment's effective date on the D	partment of State's records.	
ord specifies a delayed effectiv	edate, but not an effective time, at 12:01 a.m. on the ear	rlier of this. The Outh day after
filed.		mer (vi. (v)) The 70m day after t
AUGUST 30	2022	
d AUGUST 30	·	
	Signature of a member or authorized representative of a mem	
	Signature of a member or authorized representative of a mem	ber