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Certified Copies	Certificates o	of Status
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J. LEGGETT FEB 2 3 2018

COVER LETTER

TO: Registration Section Division of Corpor			
SUBJECT: LEAH	NAOMI, LLC Name of Limit	ed Liability Company	
The enclosed Articles of Ame	endment and fee(s) are subm	nitted for filing.	
Please return all corresponder	nce concerning this matter to	o the following:	
-	GUST G. SAR	SR1S Name of Person	
-	ADSUM LAW	Firm/Company	
-	4800 BEACH 1	BOULEVARD SUITE	9
Ç	JACKSOUVILLE	FL 32207 City/State and Zip Code	
_!	GSARRIS @ AND E-mail address: (10	SUMLAW FIRM . COM	fication)
For further information conce	rning this matter, please cal	l:	
GUST G. SARR		at (<u>984</u>) <u>398-9</u> Area Code Daytim	2510 e Telephone Number
Enclosed is a check for the fo	llowing amount:		
□ \$25.00 Filing Fee □	1 \$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)

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LEAH NAOMI LLC	
(A Florida Limited (A Florida Limited)	pany as it now appears on our records.) d Liability Company)
The Articles of Organization for this Limited Liability Compart Florida document number <u>1700203990</u> .	ny were filed on 10/02/2017 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	ability company here:
The new name must be distinguishable and contain the words "Limited Lial	bility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	. Pr. V.: CO
(Principal office address MUST BE A STREET ADDRESS)	
	## # 4
:	22 E
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	<u></u>
	SO S
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he	office address on our records, enter the name of the nevere:
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	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.

If Changing Registered Agent, Signature of New Registered Agent

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
			□ Remove
			☐ Change
			5
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	·		□ Remove
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Filing Fee: \$25.00