L18000034903

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COVER LETTER

TO:	Registrat Division			·					
SUBJEC	Fanc	y Leaf L	LC						
SUBJEC	-li	Name of Limited Liability Company							
The enci	losed Artic	cles of A	mendment and fee(s) are sub-	mitted for filing.					
Please re	eturn all co	orrespone	lence concerning this matter	to the following:					
			Daniel Muggeo						
			Fancy Leaf, LLC	Name of Person					
			10438 Prestwick Road	Firm/Company					
			Boynton Beach, Fl. 33436	Address					
			mdundore@danielsandrober	City/State and Zip Code	 				
			E-mail address: (to be used for future annual report	notification)				
For furth	ner informa	ation cor	ncerning this matter, please ca	all:					
Daniel /	A. Mugged)		561 213-5444					
	1	Name of I	Person	at () Area Code Day	time Telephone Number				
Enclosed	d is a chec	k for the	following amount:						
■ \$25.	00 Filing I	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)				

MAILING ADDRESS:

TO:

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

Fancy Leaf, LLC		
(Name of the Limited Liability C (A Florida Lin	ompany as it now appears on our records. nited Liability Company))
The Articles of Organization for this Limited Liability Com	pany were filed on 02/07/2018	and assigned
Florida document number L18000034903		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	*******************	
(Principal office address MUST BE A STREET ADDRES	<u> </u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
Maning address MAT BE A 1 OUT OF FICE BOAY		2019 HAI
B. If amending the registered agent and/or registered		enter the name of the n
registered agent and/or the new registered office address	here:	圣日
Name of New Registered Agent:		
New Registered Office Address:		——————————————————————————————————————
	Enter Florida street address	
	, Flor	ida
		2.167 (-1711)

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>	<u>Address</u>	Type of Action
MGR	Daniel A. Muggeo	10438 Prestwick Road Boynton Beach, FL 33436	= Add
			□ Remove
			□ Change
			
			Remove
			Remove
			Change
			Remove
			☐ Change
			Remove
			☐ Change
			Remove
			Change

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	,	
E. Effective date, if other than the (If an effective date is listed, the date in Note: If the date inserted in this document's effective date on the	block does not meet the applical	(optional) date of filing or more than 90 days after filing.) Pursuant to 605,0207 (3)(ble statutory filing requirements, this date will not be listed as the
If the record specifies a delaye (b) The 90th day after the re	ed effective date, but not ecord is filed.	an effective time, at 12:01 a.m. on the earlier of:
Dated	. 2019	
0.01	Lr-	zed representative of a member
<u>-</u>	Signature of a member or author	zed representative of a member

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Typed or printed name of signee

Filing Fee: \$25.00