L19000108804

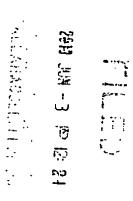
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COVER LETTER

	Registration Se Division of Cor					
cum urc'	γ.	EALTH CENTERS, LLC				
SUBJEC'	1: <u></u>	Name of Lim	ited Liability Company			
The enclo	sed Articles of	Amendment and fee(s) are sub	emitted for filing.			
Please reti	urn all correspo	indence concerning this matter	to the following:			
		Amanda Berry				
			Name of Person			
		MLEAF, INC				
			Firm/Company			
1217 CAPE CORAL PKWY EAST, SUITE 119						
			Address	· 		
		mlcaffi@gmail.com	City/State and Zip Code			
		E-mail address: (to be used for future annual report notifi	eation)		
For furthe	r information c	oncerning this matter, please co	all:			
Jason Campagnolo			239 745-1115 at ()			
Name of Person			Area Code Daytime	Telephone Number		
Enclosed :	is a check for th	ne following amount:				
□ \$25.0¢	U Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Fiting 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

MLEAF HEALTH CENTERS, LLC

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)		20日 3日 - 1 19 16
The Articles of Organization for this Limited Liab	ility Company were filed on 4/22/19	and assigned
Florida document number L19000108804		TAC CANTADORES FOR
This amendment is submitted to amend the follow	ing:	
A. If amending name, enter the new name of th	ne limited liability company here:	
MLEAF WELLNES CENTERS, LLC		
The new name must be distinguishable and contain the word	ls "Limited Liability Company," the designation "LI	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	le:	
(Principal office address MUST BE A STREET)	ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO		
B. If amending the registered agent and/or registered agent and/or the new registered offic	e-	ds, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addi	rocc
	City , I	Florida Zin 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
		 	□ Remove
			Change
			☐ Remove
			☐ Change
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			Change
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			☐ Remove
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ffective date, if other than the dan effective date is listed, the date must be total. If the date inserted in this blococument's effective date on the Dep	se specific and cannot be prior k does not meet the application		more than 90 day		
e record specifies a delayed of The 90th day after the recor		t an effective	time, at 12	:01 a.m. on t	he earlier o
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Page 3 of 3

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