## 119000114059

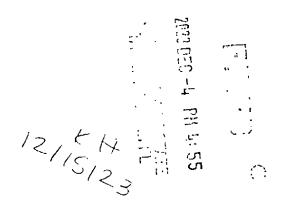
(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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## **COVER LETTER**

TO: Registration So Division of Co.			
SUBJECT:	Great L	eaf LLC	
	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filling.	
Please return all correspondent	ondence concerning this matter	to the following:	
	Joshna	B Wagschal Name of Person	
		Name of Person  Treat Leaf LLC	
		Firm/Company	
	8551 NW	Address	
		Address	
	Pembroke	Piner , FL 3302 City/State and Zip Code	<u> </u>
	\ nc hwa	aschala amal. com	
	h-mail address; i	gschal@gmail.com to be used for fullate annual report notal	ication)
For further information of	concerning this matter, please o	all:	
Jashva W	agschal	at ( <u>305</u> ) <u>720 -</u>	32.09
ivanic (	of Tetsor	Area evac Dayuni	· ro
Enclosed is a check for t	he following amount:		
№ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee.  Certificate of Status &  Certified Copy (additional copy is enclosed)
Mailing Addre		Street Address:	
Registration Division of 0		Registration Sec Division of Cor	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

P.O. Box 6327

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Great L	eaf LLC
	ability Company as it now appears on our records.) orida Limited Liability Company)
The Articles of Organization for this Limited Liabilit Florida document number <u>L19000114059</u>	ty Company were filed on $\frac{4/26/19}{}$ and assigned
This amendment is submitted to amend the following	<u>}</u> :
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 AL	ODRESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2
B. If amending the registered agent and/or registories agent and/or the new registered office address here.	ered office address on our records, <u>enter the name of the new registers</u> re:
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address Florida City Tight Code
	City Plorida 1 Co - Code
New Registered Agent's Signature, if changing Regist	tered 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 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
MGR	Kameron Katsch	3500 Galt Ocean Drive	<del>S</del> Add
		Fort Landrdale FL #911,	35308 □Remove
			□Change
			□Add
			□Remove
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fective date, if other than an effective date is listed, the dat ote: If the date inserted in the ocument's effective date on the	e must be specific and ca his block does not mee	unot be prior to date out the applicable sta	of filing or more than 9 atutory filing require	(optional) 0 days after filing.) ments, this date v	, .	5,0207 (3 x ted-as the
record specifies a delayed ef is filed.	fective date, but not an	reffective time, at	12:01 a.m. on the ca	rlier of: (b) The	,	
ated $11/2$	8	2023	1			
	/ 10	11 and				
			epresentative of a mem	ber		