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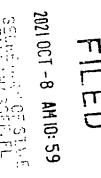
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COVER LETTER

	ion Section of Corporations	•	•
SUBJECT:	TOUBY MAY SUPER C Name of Lin	LEANING & MORE, LLC nited Liability Company	<u></u>
	eles of Amendment and fee(s) are sub		
Please return all co	orrespondence concerning this matter	to the following:	
	JOUBERT	JEAH MARY	
		Hame of Following	
		Firm/Company	
	1305 MA	PLEWOOD DRIVE	
	_	Address	
	GREENACR	ES FL 334/5 City/State and Zip Code	
		(to be used for future annual report not	
For further inform	E-mail address: nation concerning this matter, please		inteation)
Jubi	Name of Person	at (<u>56/</u>) <u>305-</u> Area Code Daytin	4240 me Telephone Number
Englosed is a chec	ck for the following amount:		
S25.00 Filing		☐ \$55.00 Filing Fee &	☐ \$60,00 Filing Fee,
_ J223W 1 Hillig	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address: Registration Section Division of Corporations P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EANING & MOZE, LLC
ny as it now appears on our records.) Liability Company)
were filed on January 15, 2020 and assigned
ility company here:
, 440
lity Company," the designation "LLC" or the abbreviation "L.L.C."
1305 MAPLEWIDD DIVE GREENACZES; FL 33415
GREENACZES; FL 33415
Z021 OCT SECTE TALLA
address on our records, enter the name of the new registered
Enter Florida street address
Emer Fibrial Mreet 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 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
			□Add
			Remove
			Change
			Remove
			☐ Change
			□Remove
			Change
			⊒Add
			□Remove
			Change
			□ Add
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			□ Change

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isted, the date mi serted in this b	ne date of fili nust be specific a block does not Department of	ind cannot be pr t meet the app	rior to date of t dicable statu	filing or more tha	(option an 90 days after f uirements, this	n al) filing.) Pursuant to 6 date will not be li	505.0207 isted as t
delayed effecti	ive date, but n	ot an effectiv	e time, at 12	:01 a.m. on the	e carlier of: (b)	The 90th day af	fter the
OBER 4	4th	, <u>2021</u>	<u> </u>				
7	411						
	Signature of	a member or au	thorized repr	esentative of a m	nember		
lake.	· /	0/10					
2	HOBER :	10BER 41h Agnature of	10BER 4th 2021 Agnature of a member or as	10BER 4th 2021 Agnature of a member or authorized representation	10BER 4th 2021 Agnature of a member or authorized representative of a new part of a member of a new part of a new	delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) ###################################	delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day a solution of the solutio