L200000 29900

(Re	equestor's Name)
(Ac	ddress)
(Ac	ddress)
(Ci	ty/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Bu	usiness Entity Name)
(Do	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:

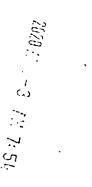
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R. WHATE



COVER LETTER

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LEATHERS LLC		
Name of Lim	ited Liability Company	
es of Amendment and (ee(s) are sub	mitted for filing.	
respondence concerning this matter	to the following:	
MR. RUDI BESTER		
	Name of Person	
MEMORY TREES LLC		
	Firm/Company	
120 S OLIVE AVE. STE-	102	
	Address	
WEST PALM BEACH, FI	. 33401-5533	
	City/State and Zip Code	
-	to be used for future annual report not	ification)
tion concerning this matter, please c	atl:	
	561 290-8833	
ame of Person		ne Telephone Number
for the following amount:		
ce S30.00 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)
ion Section	<u>Street Address:</u> Registration Sc	
	es of Amendment and fee(s) are subtrespondence concerning this matter MR. RUDI BESTER MEMORY TREES LLC 120 S OLIVE AVE. STE - WEST PALM BEACH. Fit rudi@memorytrees.co E-mail address: (tion concerning this matter, please c ame of Person for the following amount: fee \$30.00 Filing Fee & Certificate of Status ddress: ion Section	Name of Limited Liability Company es of Amendment and fee(s) are submitted for filing. Trespondence concerning this matter to the following: MR. RUDI BESTER Name of Person MEMORY TREES LLC Firm/Company 120 S OLIVE AVE. STE 402 Address WEST PALM BEACH, FL 33401-5533 City/State and Zip Code rudi@memorytrees.co E-mail address: (to be used for future annual report not tion concerning this matter, please call: ame of Person at (561) 290-8833 ame of Person for the following amount: fee \$\Begin{array} \text{ \$50.00 Filing Fee & Certified Copy (additional copy is enclosed)} ddress: Street Address:

Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2020: 1,-3 11:7:53

If Changing Registered Agent, Signature of New Registered Agent

MTC LEATHERS LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited I	Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number $\frac{1.20000029900}{1.20000029900}$.	y were filed on 01/23/2020 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	bility company here:
The new name must be distinguishable and contain the words "Limited Liabil	ility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	4440 S TIFFANY DR. UNIT 3
(Principal office address MUST BE A STREET ADDRESS)	WEST PALM BEACH, FL 33407
(Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, enter the name of the new registere
New Registered Office Address:	Enter Florida street address
	Florida
	·
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as placing filed to merely reflect a change in the registered office company has been notified in writing of this change.	- ree to act in this capacity. I further agree to comply with the e performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is

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	REECE BESTER	120 S OLIVE AVE, STE 402	○Add
		WEST PALM BEACH, FL 33401	□Remove
			■ Change
AMBR	DEBBIE BESTER	120 S OLIVE AVE, STE 402	□ Add
		WEST PALM BEACH, FL 33401	_
AMBR	MEMORY TREES LLC	120 S OLIVE AVE, STE 402	= Add
		WEST PALM BEACH, FL 33407	□Remove
			□Change
			□Add
			□Remove
			□Change
	-		□Add
			Remove
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			□Remove
			□Change

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an effective date is ote: If the date	other than the of listed, the date must inserted in this blookive date on the De	be specific and ca ck does not mee	annot be prior to e et the applicabl	date of filing or mor e statutory filing	(option than 90 days after the requirements, this	n al) iling.) Pursuant to 605.0 date will not be listed	0207 (d as t
record specifies I is filed.	s delayed effective	date, but not an	i effective time	, at 12:01 a.m. on	the earlier of: (b)	The 90th day after	the
MARCH 2	0	 • ,	2020				
		(x	2/5	A			
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		Signature of a mer	mber or authoriz	ed representative o	f a member		

Filing Fee: \$25.00