L200000 95560

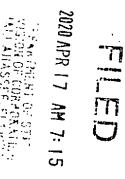
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT	MAIL			
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Sta	atus			
Special Instructions to Filing Officer:				

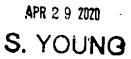
Office Use Only



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COVER LETTER

TO: Registration Division of C			. *		
Banyon SUBJECT:	Leaf Software, LLC				
SUBJECT:	Name of Limited Liability Company				
Dear Sir or Madam:					
The enclosed Stateme	ent of Correction and fee(s) a	are submitted for filing	g.		
Please return all corre	spondence concerning this r	natter to the following	g:		
Justin Bennett					
	Name of Person		-		
Bennett Law					
	Firm/Company		-		
7050 W. Palmetto P	ark Rd. 15-249				
	Address	<u> </u>	-		
Boca Raton FL 334	33				
	City/State and Zip Code	<u> </u>	-		
jbennett@servingth	eworld.net				
E-mail address:	(to be used for future annua	report notification)	-		
For further information	on concerning this matter, pl	ease call:			
Justin		954	261-2266		
Nan	ne of Person	at (Area Code	Daytime Telephone Number		
P.O. Box 6	n Section f Corporations		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		
Enclosed is a check f	or the following amount:				
■\$25 Filing Fee	☐ \$30 Filing Fee & Certificate of Status	□\$55 Filing Fee & Certified Copy	☐ \$60 Filing Fee, Certificate of Status & Certified Copy		

STATEMENT OF CORRECTION

		LIMITED LIABILITY COMPANY	APR -			
	nt to section 605.0209, F.S., this document is being	•	202 77			
FIRST	: The name of the limited liability company is: Bany		TOPS T			
			413			
SECO						
<u>THIRI</u>	2: Document to be corrected is: Articles of C	erganization				
	(CHECK THE APPROPRIATE BOX AN	D COMPLETE THE APPLICABLE STA	<u> TEMENT</u>			
 	Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the constatement are as follows:					
	The name of the limited liability company is Ban	yanleaf Software, LLC and the mailing add	tress should be			
	W. Palmetto Park Rd. 15-408, Boca Raton, FL 3	33433.				
		-	_			
	OR					
	Was defectively signed. The manner in which the as follows:	document was defectively signed and the ap	opropriate correction are			
	OR —					
	The electronic transmission of the record was defe	ativs				
_	The electronic transmission of the record was deter	11/17/	20			
	Signature of Authorized Representative	71177 Date (<u></u>			
Signatu accepti	re of new registered agent, if applicable :(NOTE: ing the designation).		gistered agent must sign			
I hereb provisio obligat	egistered Agent's Signature, if changing Registered vaccept the appointment as registered agent and agons of all statutes relative to the proper and complesions of my position as registered agent as provided a change in the registered office address, I hereby a change.	gree to act in this capacity. I further agree to te performance of my duties, and I am famili for in Chapter 605, F.S. Or, if this document	iar with and accept the t is being filed to merely			
Registered Agent's Signature						
	Filing Fee Certified Copy:					

CR2E062 (9/15)