# L20000153319

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DATE: 09/12/2024 NAME: LEORIS HOLDINGS, LLC TYPE OF FILING: AMENDMENT COST: 25.00 RETURN: PLAIN COPY PLEASE ACCOUNT: FCA00000015 AUTHORIZATION: ABBIE/PAUL HODGE Docusign Envelope ID: 050ED831-26A4-4046-9EF3-07C7400B8BA2

COVER LETTER Registration Section TO: **Division of Corporations** Leoris Holdings, LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Ashley Ignaszewski Name of Person Fredrikson & Byron PA Firm/Company 60 South Sixth Street, Ste 1500 Address Minneapolis, MN 55447 City/State and Zip Code aignaszewski@fredlaw.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Ashley Ignaszewski Name of Person Enclosed is a check for the following amount: ☑ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status & Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed)

### **Mailing Address:**

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

#### Street Address:

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

## Docusign Envelope ID: 050ED831-26A4-4046-9EF3-07C7400B8BA2 ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Leoris Holdings, LLC			
(Name of the Limited Liability Con (A Florida Limit	npany as it now appears on our r ed Liability Company)	ecords.)	
The Articles of Organization for this Limited Liability Compa $\frac{L20000153339}{L20000153339}$	ny were filed on 06/04/2020	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited li	ability company here:		
The new name must be distinguishable and contain the words "Limited Li	ability Company," the designation	"LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:		• •	
Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		H 9: 25	
3. If amending the registered agent and/or registered office address here:	ce address on our records, <u>e</u>	nter the name of the new regist	
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street 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 Changing Registered Agent, Signature of New Registered Agent

Docusign Envelope ID: 050ED831-26A4-4046-9EF3-07C7400B8BA2 in amenuing Authorized rerson(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	John King	8724 Sunset Drive	□Add
		Ste 225	■Remove
		Miami, FL 33173	Change
			□Add
			\(\sigma\) Remove
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ective date, if other than the date of a effective date is listed, the date must be specia te: If the date inserted in this block does cument's effective date on the Departmen	tic and cannot be prior not meet the applic	to date of filing or mo able statutory filing		
cord specifies a delayed effective date, by s filed.	ut not an effective ti	me, at 12:01 a.m. c	n the earlier of: (b) The	: 90th day after th
September 11	2024	<u> </u>		
John King Signature				
- C' .	a of a manibus or author	orized representative	of a member	<del>_</del>

Filing Fee: \$25.00