## L200003641628

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





400440541914

12/27/24--01046--003 \*+25.00

PRADEU 27 Kilbili

FEB 10 S. PRATHER

## **COVER LETTER**

TO: Registration Se Division of Cor			
Gifted Leaf	fLLC		
SUBJECT:	Name of Lim	nited Liability Company	
The condend Assistance			
	Amendment and fee(s) are sub ondence concerning this matter		
r rease retain an correspo	mance concerning this matter	to the following.	
	Monique Canales		
		Name of Person	
	Law 4 Small Business		
		Firm/Company	<del></del>
	6801 Jefferson St NE Suite	e 220	
		Address	<del></del>
	Albuquerque, NM 87109		
		City/State and Zip Code	
	filings@l4sb.com		
		to be used for future annual report noti	fication)
For further information of	oncerning this matter, please c	all:	
Monique		505 715-5700 at ()	
Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 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)
Mailing Addres		<u>Street Address:</u> Registration Se	ction
Division of C		Division of Cor	
P.O. Box 632		The Centre of T	allahassee
Tallahassee, 1	FL 32314	2415 N. Monro	e Street, Suite 810

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

787

Gifted Leaf LLC		- A
(Name of the Limited Liabi	lity Company as it now appears on our records.) da Limited Liability Company)	DEC.
(VI 10th	as Diffice District Company;	27
he Articles of Organization for this Limited Liability	Company were filed on 11/17/2020	and assigned⊇
lorida document number L20000364628	:	· · · · · · · · · · · · · · · · · · ·
his amendment is submitted to amend the following:		,
. If amending name, enter the new name of the lin	nited liability company here:	
he new name must be distinguishable and contain the words "Li	mited Liability Company," the designation "LLC" o	or the abbreviation "L.IC."
inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADD	(RESS)	
<del></del>		<del></del>
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
-		
<ol> <li>If amending the registered agent and/or registere gent and/or the new registered office address here:</li> </ol>		e name of the new regis
Name of New Registered Agent:		<del> </del>
New Registered Office Address:		
New Registered Office Address.	Enter Florida street address	
	Class	da
<del></del> -	Cin <sup>o</sup>	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>	<u>Address</u>	Type of Action
	<del></del>		□Add
			Remove
			□Change
			□Add
			□Remove
			□Change
		<del></del>	□ Add
		<del></del>	Remove
			□Change
			□ Add
			Remove
			□Change
			□Add
			□Remove
			Change
			🗀 Add
			□Remove
			FIG.

	ment child company of Leafect Holdings	<del></del>	
	······································		
<del></del>		<u> </u>	<del></del>
		<del>-</del>	
	<del></del>		
	<del></del>		
<del> </del>	<u> </u>		
ctive date, if other than the o	11/22/2024	(ti1)	
effective date is listed, the date must	be specific and cannot be prior to date of filing	(optional) g or more than 90 days after filing	.) Pursuant to 605.0
If the date inserted in this blo iment's effective date on the De	ck does not meet the applicable statutory	filing requirements, this date	will not be listed
ment serieure date on the ise	partners of State 5 records.		
		.1 1' ('4') '7'	004   0
and ensailine a dalaced affection	idata but not na officitive time at 12:01.		ic antu gay atter
ord specifies a delayed effective filed.	date, but not an effective time, at 12:01	a.m. on the earner or. (b)	
ord specifies a delayed effective filed.	date, but not an effective time, at 12:01	a.m. on the carrier of, (o)	
November 22	2024	a.m. on the carrier of. (b)	i . ; J
November 22		a.m. on the earner of. (b)	, , , <u>i</u> .
d November 22	. 2024		7974 DEC
·			7974 DEC 5.1

Filing Fee: \$25.00