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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : GONZALEZ & ASSOCIATES III PA

Account Number : I20190000077 Phone : (954)773-7286

Fax Number : (954)526-8825

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:			

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN A LEAF AND FEATHER, LLC

Certificate of Status	0
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Estimated Charge	\$25.00

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Corporate Filing Menu

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ANTONIO J. GONZALEZ	
Name of Person	
FONZALEZ & ASSOCIATES III PA	
Firm/Company	
\$20 N CORPORATE LAKE BLVD STE 107	
Address	
VESTON, PL 33326	
City/State and Zip Code	
onzalez@gacpatl.com	
E-mail address: (to be used for future annual report notification)	

For further information concerning this matter, please call:

Enclosed is a check for the following amount:

■ \$25.00 Filing Fee

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H212 2503/48-265/3

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

- Apr. 23. 2024 2:54PM

AME Financial Group OF AMENDMENT TO

No. 050800 F. 3/5613

ARTICLES OF ORGANIZATION

	LEAF AND FE		
(Name of the Lin	oited Liability C (A Florida Lin	ompany as it now appears on our recor- ated Liability Company)	ds.)
The Articles of Organization for this Limited Florida document number	Liability Com	pany were filed on FLORIDA	and assigned
This amendment is submitted to amend the fo	llowing:		
A. If amending name, enter the new name	of the limited	liability company here:	
A LEAF AND A FEATHER LLC			
The new name must be distinguishable and contain the	words "Limited	Liability Company," the designation "LLC	C" or the abbreviation "L.L.C."
Enter new principal offices address, if appl	icable:	N/A	
(Principal office address MUST BE A STRE	ET ADDRES.	S)	
Enter new mailing address, if applicable:		N/A	
(Mailing address MAY BE A POST OFFICE	E BOX)		2924
			Ė.
B. If amending the registered agent and/or	registered of	fice address on our records, <u>enter</u>	the name of the new regist
agent and/or the new registered office addr	ess here:		
Name of New Registered Agent:	N/A	***************************************	5° Co
New Registered Office Address:	N/A		9
		Enter Florida street addre	85
	N/A		orida
		City	Zip Code

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

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change
			∏Add
			□Remove
			☐ Change
			Change
			JAdd
			Петпоче
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			□Remove
			☐ Change

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documer e record rd is filed	r the care inserted int's effective date of specifies a delayed	on the Department of		at 12:01 a.m. on the ea	rlicr of: (b) The 90th day at	fter the
documer	r the cate inserted int's effective date of specifies a delayed d.	on the Department of	ot an effective time,	at 12:01 a.m. on the ea	rlicr of: (b) The 90th day af	fter the
documer c record	r the cate inserted int's effective date of specifies a delayed d.	on the Department of effective date, but no	2024	at 12:01 a.m. on the ea		fter the

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