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A. BUTLER
DEC 3 2021

## COVER LETTER

Registration Section Division of Corpolations	
SUBJECT: Three Little L	e of Limited Liability Company
The enclosed Articles of Amendment and fee(s) Please return all correspondence concerning this	J
Dio	Name of Person
Thra	ee Little Leaves, LLC. Firm/Company
53	41 Almond Ct. Address
Ke	1stone Heights, FL. 32456 City/State and Zim Cog:
info@	threelitleleaves - com  ddress: (to be used for future annual report notification)
For turnier information concerning this matter, p	please call:
Diane Cherry	772 985 - 2386 Area Code Daytime Telephone Number
Name of Person  Light is a check for the following amount:  **Example of Person  Light is a check for the following amount:  Certificate of St.	
f Certificate of St	ratus Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

## Maising Address:

registration Section Division of Corporations P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Taltanassee

## A FICLES OF AMENDMENT

### ₹RTICLES OF ORGANIZATION OF

He Leaves, LC

The interest Liability Company as it now appears on our records; NOV 15 PM 2: 31

(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were med on 9/22/21/21/21 and assign Florida document number \21000418805 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability 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) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Same of New Registered Agent: Fiter Florida street address New Registered Office Address:

#### 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 juriner agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with each 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

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>	Address	Type of Action
AMBR	Diane Cherry	5341 Almond Ct.	XAdd
		5341 Almond Ct. Keystone Heighds, Fl.	<u>32650</u> ⊡Remove
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i amer	ading any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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500te. 11	the date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant in επογεκέτε the date inserted in this block does not meet the applicable statutory fring requirements, this date with the date on the Department of State's records
ne record s ord is filed	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of; (b) The 90th day after the
i∪ateot	Joumber 11, 2021
	Enature of a member or authorized representative of a member
	Diane Cherry Typed or printed name of signee

Filing Fee: \$25.00