

121000418805

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

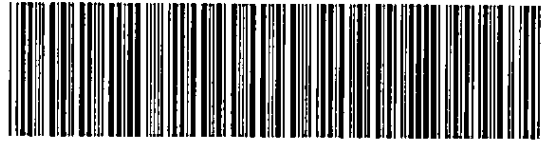
(Business Entity Name)

(Document Number)

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2021 NOV 15 PM 2:31  
FBI  
STATE  
OFFICE

A. BUTLER

DEC - 3 2021

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Three Little Leaves, LLC.  
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.

Diane Cherry

Name of Person

Three Little Leaves, LLC.

Firm/Company

5341 Almond Ct.

Address

Keystone Heights, FL. 32656

City/State and Zip Code

info@threelittleleaves.com

e-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Diane Cherry

Name of Person

772

Area Code

985-2386

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 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 Address:  
Registration Section  
Division of Corporations  
P.O. Box 6327

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

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

FILED

Three Little Leaves, LLC

as in the Limited Liability Company as it now appears on our records  
(A Florida Limited Liability Company)

NOV 15 PM 2:31

The Articles of Organization for this Limited Liability Company were filed on 9/22/21 and assigned  
Florida document number 121000418805

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

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:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A

(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:

Name of New Registered Agent:

N/A

New Registered Office Address:

N/A

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.*

N/A

If Changing Registered Agent, Signature of New Registered Agent



