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C. BRUMBLEY
APR 11 2022

COVER LETTER

Tallahassee, FL 32314

TO: Registration Section Division of Corporations	
SUBJECT: LOVE, LEZVI	lead. UC
	mited Liability Company RECEIVED
The enclosed Articles of Amendment and fee(s) are su	bmitted for filing. 2022 HAR 23 AM IO: 59
Please return all correspondence concerning this matte	r to the following: SECRL FAR (D. STATE TALL AHASSEE, FL
Mow	1 FUNIC Name of Person
LOVE.	EARN. LEAD. LLC.
4314	INDIAN DEER Rd
<u> Whole</u>	City/State and Zip Code
E-mail address:	City/State and Zip Code W
For further information concerning this matter, please	call:
Name of Person	at (13 J) 317 Le 87 H Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
□ \$25.00 Filing Fee □ \$30.00 Filing Fee &	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy ☐ Certificate of Status &
Flyddy Suf	Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address:	Street Address:
Registration Section Division of Corporations	Registration Section Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Love, learn. Le (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liabil Florida document number 1220003	ity Company we	re filed on	1.18.23	Z a	ınd assig	gned
This amendment is submitted to amend the following	າຽ:					
A. If amending name, enter the new name of the	limited liability	y company h	ere:			
The new name must be distinguishable and contain the words	"Limited Liability (Company," the	designation "LLC" o	or the abbrevia	tion "L.L	.C."
Enter new principal offices address, if applicable	<u>-</u>					
(Principal office address MUST BE A STREET A	DDRESS) _					
	_				022	
					HAR	11
Enter new mailing address, if applicable:	_			········	2	
(Mailing address MAY BE A POST OFFICE BO)	X)			m.	-	П
	<u></u>			÷ ;	01 }	U
	_				2	
B. If amending the registered agent and/or regis agent and/or the new registered office address he		lress on our	records, <u>enter tl</u>	ie name of t	he new	registered
Name of New Registered Agent:	Mouy	FUN				
New Registered Office Address:	4314	India (Decr	Rd.		
_	Winde	VMV.	<u>↑ Dl (f</u> orida street address <u>l </u>	ida <u>34</u> <i>Ziq</i>	7 8 7	<u>a</u>
Now Registered Agent's Signature if changing Regi		-				

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>	Address	Type of Action
MG12	Molly Funk	Windumer, Fr 3478	Add
	'	Windumer, Fr 3478	6 □Remove
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(If an eff Note:	ive date, if other than the date of filing:
ord is fi	
Dated	3.20.22
	3.20.22. College / College / College / College / Signature of a member or authorized representative of a member Multiple of printed name of signee Typed or printed name
	Signature of a member of authorized representative of a member
	MOLLY FUNK