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COVER LETTER

TO:	Registration Se Division of Cor	ection rporations •			
01/D1	ITSAWRA	AP LEÅF			
SUBJECT: Name of Limited Liability Company					
The er	nclosed Articles of	Amendment and fee(s) are submitted for filing.			
Please	return all correspo	ondence concerning this matter to the following:			
		JEAN DEMESMIN			
		Name of Person			
		ITSAWRAP LEAF, LLC			
		Firm/Company			
		6204 TREMAYNE DRIVE			
		Address			
		MOUNT DORA, FL 32757			
		housebulkbuying@gmail.com E-mail address: (to be used for future annual report notification)			
F 6					
ror iu	nner information of	concerning this matter, please call:			
JEAN	DEMESMIN	321 314-7508 at ()			
	Name o	of Person Area Code Daytime Telephone Number			
Enclos	sed is a check for th	the following amount:			
■ \$ 2	25.00 Filing Fœ	☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Certificate of Status Certified Copy (additional copy is enclosed) Certified Cop (additional copy	Status & Dy		

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ITSAWRAP LEAF, LLC	
(Name of the Limited Liability Company as it no (A Florida Limited Liability Co	ow appears on our records.) ompany)
The Articles of Organization for this Limited Liability Company were file	ed on 11/14/2022 and assigned
Florida document number L22000484174	
his amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability com	ipany here:
he new name must be distinguishable and contain the words "Limited Liability Compa	ny," the designation "L.L.C." or the abbreviation "L.L.C."
Inter new principal offices address, if applicable:	20 20 22
Principal office address MUST BE A STREET ADDRESS)	<u> </u>
	-9 PH
nter new mailing address, if applicable:	<u> </u>
Mailing address MAY BE A POST OFFICE BOX)	
3. If amending the registered agent and/or registered office address of gent and/or the new registered office address here:	on our records, <u>enter the name of the new regist</u>
Name of New Registered Agent:	
New Registered Office Address:	
•	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.

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>	<u>Address</u>	Type of Action
MGR	JEAN DEMESMIN	6204 TREMAYNE DR., MOUNT DORA, FL 32757	7 ■ Add
			□Remove
			□Change
MGR	JOSE ANGEL PINEIRO	7906 SOFT PINE CIRCLE, ORLANDO, FL 32825	= Add
			□Remove
			Change
			□ Add
			□Remove
			□ Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

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E Effor	ting data if ather they the data of filings
E. E.Hec≀ ([[anef	tive date, if other than the date of filing:(optional) fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)
Note:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nent's effective date on the Department of State's records.
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
Dated	11/30/22
	_ with
	Signature of a member or authorized representative of a member
	ALLEN JOEY PINEIRO
	Typed or printed name of signee

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