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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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COVER LETTER

TO: Registration S Division of Co			
	nelia, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Nicole Buonamia		
		Name of Person	
	Liebe Cornelia, LLC		
		Firm/Company	
	8621 E. Dr. Martin Luther	King Jr. Blvd.	
		Address	
	Tampa, FL 33610		
		City/State and Zip Code	
	Nicole.buonamia@ptp-llc.c	om to be used for future annual report no	rtification)
For further information	concerning this matter, please c	·	
Victor Luis Buonamia		813 679-5023	
Name	of Person	at () Area Code Dayti	me Telephone Number
Enclosed is a check for	the following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 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 Addre		Street Address: Registration S	ection
Division of	Corporations	Division of Co	orporations
P.O. Box 63	27	The Centre of	LaHahassee

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Liebe Cornelia, LLC

(Name of the Limited Liability Compa (A Florida Limited I	inv as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L23000259925	were filed on 05/30/2023	and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liab</u>	ility company here:	
Liebe Cornelia Hooves to Healing LLC		
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	5938 Hovan Avenue	
(Principal office address MUST BE A STREET ADDRESS)	Plant City FL 33565	
Enter new mailing address, if applicable:	5938 Hovan Avenue	
(Mailing address MAY BE A POST OFFICE BOX)	Plant City FL 33565	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, <u>enter the</u>	name of the new regist
Many Daniet and Office Address		
New Registered Office Address:	Enter Florida street address	
	, Floric	la
	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 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>	Name	Address	Type of Action
AMBR	Nicole Buonamia	8621 E. Dr. Martin Luther King Jr. Blvd.	= Add
		Tampa, FL 33610	□Remove
			□Change
			🗀 Add
			Remove
		 	☐ Change
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			Remove
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Effective date, if other than the date of filing: (optional) If an effective 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 Nate: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records. The effective date are delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the distiled. Dated September 20th 2023 Signature of a member or authorized representative of a member			-	·
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Filing Fee: \$25.00



September 11, 2023

VICTOR BUONAMIA 8621 E. DR. MARTIN LUTHER KING JR. BLVD TAMPA, FL 33610

SUBJECT: LIEBE CORNELIA, LLC

Ref. Number: L23000259925

We have received your document for LIEBE CORNELIA, LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The titles you have listed for the individuals or business entities which will manage the limited liability company are not acceptable. We cannot accept the terms: partner, officer, owner or member. You must insert the letters "MGRM" for each individual or business entity that is a member and will serve in a managerial capacity. If the individual or business entity is not a member, but will serve in a managerial capacity, you must insert the letters "MGR." We will also accept "Authorized Representative", "Authorized Person", and "Authorized Member".

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Anissa Butler Regulatory Specialist II

Letter Number: 023A00020822

SEP 27 2023