## L23000288430

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A. RAMSEY AUG 1 / 2023

## **COVER LETTER**

TO: Registration Section Division of Corporation			
SUBJECT:	(24 JUNG L	.L (	•
<del>-</del>	Name of Lin	nited Lizbility Company	
The enclosed Articles of Art	nendment and fee(s) are sub	omitted for filing.	
Please return all corresponde	ence concerning this matter	to the following:	
	Ligh	Name of Person	
		Name of Person	
		Fun/Company	
		Furn/Company	
	3642 ERN	EST ST	
		Address	
	Jacks	City/State and Zip Code	<u> </u>
	1 8 AH 54	11.5 LAX ON AMAIL	(^^
-	E-mail address: (	LLS JA X OR GMOIL.	fication)
For further information conc	cruing this matter, please o	all:	
Leah Ji	rng	at (904) 9470 Area Code Daytim	067
Name of Pe	rson	Area Code Daytim	e Telephone Number
Enclosed is a check for the fo	ollowing amount:		
☐ \$25.00 Filing Fee	Z \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is exclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address:		Street Address:	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

FILED

Lesh c	3PIFAL VENTURES	5 1-4/199 JUL -5 PM 12 29
(Name of the Limite)	d Liability Company as it now appears on o A Florida Lamited Lability Company)	ur records.)
,		ATT ATTASET FOR
The Articles of Organization for this Limited Lia	ability Company were filed on	14/23 and assigned and assigned
Florida document number <u>L23000268</u>	430	
This amendment is submitted to amend the follow	wing:	
A. If amending name, enter the new name of	the limited liability company here:	
Leah Juna	LLC	
Leah Jung The new name must be distinguishable and contain the wo	ords "Limited Liability Company," the designation	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	ble:	_
(Principal office address MUST BE A STREET	(ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE B	30X)	
-		
B. If amending the registered agent and/or re	gistered office address on our record	s, enter the name of the new registered
agent and/or the new registered office address	DETE:	
Name of New Registered Agent:	LEAH JUNG	
Name of New Hogisteld Figure.		
New Registered Office Address:	3642 ERWEST S	
	17 CICSALLILA	22.2 OS
	Civ	Plorida 32205  Zip Code
New Registered Agent's Signature, if changing D.		enge simue

## 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>	Address	Type of Action
AGP	Ligh Jung	3642 ERN (ST ST.	(
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n effective of te: If the	date is listed, the date inserted	than the date e date must be sp in this block do on the Departr	secific and ca oes not me	umot be prior to et the applica	o date of filing of ble statutory f	r more than 90 d	(optional) lays after filing.) ents, this date v	Pursuant to 605.02 will not be listed
ecord speci is filed.	rifies a delayed	i effective date	but not ar	ı effective tin	ne, at 12:01 a.	m. on the earli	er of: (b) The	90th day after t
ted	6/3	0	7	2023	_ •	,		
_		Sign	71		izeo representa	tive of a membe	r	
		_						

Filing Fee: \$25.00