L23000325573

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COVER LETTER

TO:	Registration Sec Division of Corp		·			
SUBJE	LEAFYFRU	JIT LLC				
.10 D J L	C1	Name of Limit	led Liability Company			
The enc	losed Articles of a	Amendment and fee(s) are subn	nitted for filing.			
Please n	eturn all correspo	ndence concerning this matter t	o the following:			
		Lucas Walter				
			Name of Person			
		LEAFYFRUIT LLC				
			Firm Company	- 		
	500 S AUSTRALIAN AVE, STE 600-1173					
			Address			
	WEST PALM BEACH, FL 33401					
	City/State and Zip Code					
		info@vveranda.com				
		E-mail address: (to	o be used for future annual report notific	ration)		
For furtl	her information co	oncerning this matter, please ca	II:			
Lucas V	Valter		561 9400405			
Name of Person			at (at Code Daytime	Telephone Number		
Enclose	d is a check for th	e following amount:				
■ \$25	.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		

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

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TAIL APPACAGE EN

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LEAFYFRUIT LLC		
(<u>Name of the Limited Liability Com</u> (A Florida Limited	pany as it now appears on our d Liability Company)	records.)
The Articles of Organization for this Limited Liability Comparation document number <u>L23000325573</u> .	ny were filed on <u>07/10/2023</u>	and assigned
This amendment is submitted to amend the following:		
If amending name, enter the new name of the limited lia	ability company here:	
Value Veranda LLC		
he new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation	a "LLC" or the abbreviation "L.L.C."
inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registered office gent and/or the new registered office address here:	e address on our records.	enter the name of the new register
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street	address
		IN. 2.1.
	City	, Florida
ew Registered Agent's Signature, if changing Registered Agen	ıt:	
hereby accept the appointment as registered agent and ay		. I fouther warm to county with
rovisions of all statutes relative to the proper and comple ecept the obligations of my position as registered agent a eing filed to merely reflect a change in the registered offic	to performance of my dut s provided for in Chapter	ies, and I am familiar with and 605, F.S. Or, if this document is rm that the limited liability
ompany has been notified in writing of this change.		- 最終

If Changing Registered Agent, Signature of New Register 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
			JAdd
			□ Remove
			□Change
		not a	
			□Remove
			LChange
			□Remove
			□ Change
-			
			702 1702 1703
			A Charge
-			SSETATE Remove

D. If am	ending any other informa	tion, enter cha	inge(s) here: /	Attach addition	al sheets, if nece	ssary.)		
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(It'an et	tive date, if other than the Tective date is listed, the date mus If the date inserted in this bl	a be specific and c	annot be prior to d			iling.) Pursuant to 6		
	ment's effective date on the D			, -	•			
If the reco record is f	rd specifies a delayed effectiv fled.	e date, but not a	n effective time.	, at 12:01 a.m. on	the earlier of; (b)	The 90th day at	iter the	
Dated	October 8th	,	2024)					
		$\langle \chi \rangle$				SEO.	2024 1	
		Signature of a me	ember or authorize	ed representative of	a member	TAH.	2024 OCT 1 O	12 mm. 12 mm. 14
	Lucas Walter	 <u>7</u>	yped or printed n	ame of signee		ASSET		į.
						E, FL	AM 10: 27	,
						m	7	

Filing Fee: \$25.00