Florida Department of State

below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : MORERA LAW GROUP, P.A.

Account Number : I20220000121 Phone : (786)789-4546

"Fax Number

: (786)646-2402

nter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

BRYAN@MLG.MIAMI Email Address:___

海鮮 LLC AMND/RESTATE/CORRECT OR M/MG RESIGN TOBACCO LEAF HOLDINGS, LLC

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COVER LETTER

то:	Registration S Division of Co			
01710 1177	ТОВАСС	O LEAF HOLDINGS, LLC		
SOBJE	(, l :	Name of Lim	ited Liability Company	
The enc	losed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please r	eturn all corresp	ondence concerning this matter	to the following:	
		BRYAN MORERA		
			Name of Person	
		MORERA LAW GROUP,	P.A.	
			Firm/Company	
		14100 PALMETTO FROM	STAGE ROAD, SUITE 370	
			Address	
		MIAMI LAKES, FLORID	A 33016	
			City/State and Zip Code	
		BRYAN@MLG.MIAMI		
		E-mail address: (to be used for future annual report i	iotification)
For furt	her information	concerning this matter, please c	all:	
BRYA	N MORERA		786 789 4546	i
	Name	of Person	at () Area Code Day	time Telephone Number
Enclose	d is a check for	the following amount:		
dPe	.00 Filing Fee nd via Prepaid abiz E-File Acce	S30.00 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 Addre	PNY:	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

From: Bryan Morera ...

Fax: 17866462402

To.

Fax. (850) 617-6383

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10/31/2023 4:39 PM

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TOBACCO LEAF HOLDINGS, LLC				
(<u>Name of the Limited Liability Compa</u> (A Florida Limited)	ny as it now appears on our records.) Liability Company)			
The Articles of Organization for this Limited Liability Company lorida document number $\frac{L23000339902}{L23000339902}$.	were filed on 07/18/2023	and assigned		
This amendment is submitted to amend the following:				
a. If amending name, enter the new name of the limited liab	ility company here:			
he new name must be distinguishable and contain the words "Limited Liabi	hty Company," the designation "LLC" or t	he abbreviation "L.I.,C."		
Inter new principal offices address, if applicable:	3150 SW 145th Avenue			
Principal office address MUST BE A STREET ADDRESS)	RESS) Suite 308			
	Miramar, Florida 33027			
Inter new mailing address, if applicable:	3150 SW 145th Avenue			
Mailing address MAY BE A POST OFFICE BOX)	Suite 308			
	Miramar, Florida 33027			
3. If amending the registered agent and/or registered office a gent and/or the new registered office address here: Name of New Registered Agent:	address on our records, <u>enter the i</u>	name of the new regist		
New Registered Office Address:				
	Enter Florida street uddress	<u> </u>		
	Florida	- Zip Cade		
lew Registered Agent's Signature, if changing Registered Agent:		٠٠٠٠ ٠٠٠		
hereby accept the appointment as registered agent and agr.		5)		

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.

From: Bryan Morera

Fax: 17866462402

To.

Fax. (850) 617-6383

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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
			□Add
			Remove
			□ Change
			□ Add
			□Remove
			☐ Change
			□Add
			□Remove
			□Change
			□Add
			Remove
			□Change
			□Add
			Remove
			□Change
			□Remove
			Change

rom: Bryan Morera •	, Fax: 17866462402	To,	Fax, (850) 617-6383	Page: 5 of 5	13/31/2023 4:39 PM

D. If amending any other informati	ion, enter change(s) here: iAttach additional sheets, if necessary.)
-	
	
E. Effective date, if other than the of (If an effective date is listed, the date must Note: If the date inserted in this blood document's effective date on the Department.	date of filing:
f the record specifies a delayed effective ecord is filed.	e date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated October 31	2023
	Signature of a member or authorized representative of a member
	Signature of a member of authorized representative of a member
Bryan Morera	Typed or printed name of signee

Filing Fee: \$25.00