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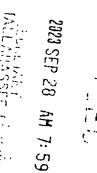
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COVER LETTER

TO:	Registration Se Division of Cor	ction porations _g		•
eum ur		FICIAL LLC		
SUBJE	CT:	Name of Limi	ited Liability Company	
The end	closed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		Matthew J. Troccoli, Esq.		
			Name of Person	
		Xander Law Group, P.A		
			Firm/Company	<u>-</u>
		One N.E. 2nd Ave, Suite 2	00	
			Address	
		Miami, FL 33132		
		krystal@xanderlaw.com	City/State and Zip Code	
		E-mail address: (to be used for future annual report	notification)
For fur	ther information c	oncerning this matter, please co	all:	
Name of Person		at () Area Code Da	sytime Telephone Number	
Enclose	ed is a check for th	ne following amount:		
■ \$2	5.00 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 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

(Name of the Limited Liability Con (A Florida Limit	mpany as it now appears on o ted Liability Company)	our records.)
The Articles of Organization for this Limited Liability Compa Florida document number <u>L23000436382</u> .	any were filed on SEPTEN	MBER 19, 2023 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	iability company here:	
LEAF OFFICIAL LLC		
The new name must be distinguishable and contain the words "Limited Li	iability Company." the designa	ntion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>	2023
Enter new mailing address, if applicable:		SEP 28
(Mailing address MAY BE A POST OFFICE BOX)		
		-, S
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	ce address on our record	ds, enter the name of the new register
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida str	reet address
		. Florida
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

LEASE OFFICIAL LLC

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>	<u>Name</u>	Address	Type of Action
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			Remove
			Change
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ective date, if other than effective date is listed, the date	e must be specific a	and cannot be prior to	date of filing or more	(option than 90 days after fi	ling.) Pursuant to 605	.020
e: If the date inserted in thus unent's effective date on the			le statutory filing i	requirements, this o	late will not be list	ed a
	·					
cord specifies a delayed eff	ective date, but i	not an effective tim	e, at 12:01 a.m. on	the earlier of: (b)	The 90th day afte	r the
s filed.						
September 22	1	2023				
ed September 22	- it 1	_ ·	- 1			
- yron	Signature of	a member or author	zed representative of	a member		
		a mondo or analytic				