## L23000490140

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:



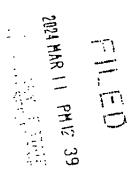


800423407478

W24-30576

02/06.24--01018--012 \*\*52.50

LLCNIC Arnend



A. RAMSEY MAR 1/ 2024

400618; 00524,00471

## COVER LETTER

	Registration Sc Division of Cor						
eup ie c	EcoEdge L						
SUBJEC	.1:	Name of Limited Liability Company					
The enclo	osed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please re	turn all correspo	ondence concerning this matter	to the following:				
		Javier I Espinosa					
			Name of Person				
		EcoEdge Living LLC					
			Firm/Company	<del></del>			
		3519 Manor Loop					
		Address					
		Lakeland, FL 33810					
		City/State and Zip Code					
		javier.espinosa@olynthian.com					
		E-mail address: (	to be used for future annual report notification)				
For furth	er information c	oncerning this matter, please ca	all:				
Javier I I	Espinosa		602 702-7973				
	Name o	f Person	Area Code Daytime Telephone	Number			
Enclosed	is a check for th	ne following amount:					
□ \$25.0	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy Control (additional copy is enclosed) Control C	0.00 Filing Fee, ertificate of Status & ertified Copy dditional copy is enclosed)			
	Mailing Addres		Street Address: Registration Section				
	Registration S Division of C		Division of Corporations				

P.O. Box 6327 Tallahassee, FL 32314 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303



February 23, 2024

JAVIER I. ESPINOSA ACEVEDO ECOEDGE LIVING LLC 3519 MANOR LOOP LAKELAND, FL 33810

SUBJECT: ECOEDGE LIVING LLC Ref. Number: L23000490140

We have received your document for ECOEDGE LIVING LLC and check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$7.50.

The form that you submitted is incomplete. It is for a corporation and your entity is a limited liability company. I have enclosed the correct form. Please send an additional check for \$7.50 if you would like to receive both a certified copy and certificate of status.

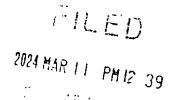
Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Letter Number: 624A00004043

Annette Ramsey OPS

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



EcoEdge Living LLC

(Name of the Limited Liability Company as it now appears on our records.

A)	A Florida Limited Liability Company)
	bility Company were filed on October 26, 2023 and assigned
Florida document number L23000490140	
This amendment is submitted to amend the follow	ving:
A. If amending name, enter the new name of t	the limited liability company here:
GlowyLeaf LLC	
The new name must be distinguishable and contain the wor-	rds "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	ble:
(Principal office address MUST BE A STREET	ADDRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BO	<u></u>
B. If amending the registered agent and/or reg agent and/or the new registered office address	gistered office address on our records, <u>enter the name of the new regist</u> e here:
agent analor the new registered office address	<del>nerc</del> .
Name of New Registered Agent:	
Name of New Registered Agent:	
Name of New Registered Agent: New Registered Office Address:	Futor Florida straet address
	Enter Florida street address

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
		<del></del>	□Add
			□ Remove
			□Change
			□Add
			□ Remove
			Change
			□ Add
			□Remove
			□Change
<del></del>			□Add
			□Remove
			□Change
<del></del>		<del></del>	□Add
		·	□Remove
			□ Change
			□Remove
			Change

. . . . . . . .

_	
_	
_	
_	
_	
_	
_	
_	
_	
_	
_	
_	
_	
-	
(If an effe	tive date, if other than the date of filing:
docume	
docume	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
docume	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.  March 11 2024
docume	ed.
docume ne record ord is file	ed.

Filing Fee: \$25.00