L24000140504

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
1,1,00,110
Wmils
<u> </u>

Office Use Only

Į



900432032819

05/24/24--01012--009 **25.00



COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: New Leaf LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Ashlay Rodgers Name of Person
New Leaf, LLC Firm/Company
PO Box 1857
Clen St. Mary, FZ 32040 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Catherine Dopson at (904) 1008-3192 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\times \text{S30.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)}
Mailing Address: Registration Section Registration Section Registration Section

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

New Leaf ILC		and the second of the second o
(A Florida Limited	d Liability Company)	our records.)
The Articles of Organization for this Limited Liability Compar Florida document number $\underline{L24000190804}$.	ny were filed on Ap	1 23, 2024 and assigned
This amendment is submitted to amend the following:	ame must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the aboviate "LLC" ew principal offices address, if applicable: al office address MUST BE A STREET ADDRESS) ew mailing address, if applicable: address MAY BE A POST OFFICE BOX) mending the registered agent and/or registered office address on our records, enter the name of the new registered address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address	
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Lial	bility Company," the design:	ation "L.L.C" or the abbteviate "L.L.C."
Enter new principal offices address, if applicable:		A A STATE OF THE S
(Principal office address MUST BE A STREET ADDRESS)		(1) A
		0 D
Enter new mailing address, if applicable:		577
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our recor	ds, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida st	gnation "LLC" or the abbaviate "L.L.C." The street address and assigned and assigned and assigned "L.L.C." The street address are the name of the new registered as street address.
_		, Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agen	<u>t:</u>	

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>	Name	Address	Type of Action
AMBR	James Rodgers	6401 E. Andrews St.	□Add
		6401 E. Andrews St. Glen St. Mary, FL 32040	□Remove
		·	
			□Add
			□Remove
			□Remove
	·		Change
			□ Remove
			□Change
		 	□Add
			□ Change
			□ Remove
			∏ Changa

\circ	hanging t	h naw	e of a	10-11AV120A	mount)r	
	1	· "	b) \\(\(\(\) \\	uthorized	on C	<u> </u>	
	110 100	MATERIAL P	10 JAM	43 1000	9013		
	.		·		<u> </u>		
				<u> </u>	<u>.</u>	- · · · · · · · · · · · · · · · · · · ·	
				<u>-</u>			
				· · · · · ·	···-		
	· · · · · · · · · · · · · · · · · · ·						
				<u>.</u>			
							
				<u></u>			
	· ·						
		 				- ·	
			<u></u>				
an effectiv ote: If tl	date, if other than the e date is listed, the date must be date inserted in this black effective date on the D	st be specific and o lock does not me	cannot be prior to deet the applicable			ling.) Pursuant to 605.0	
is filed.	ecifies a delayed effectiv					The 90th day after t	the
tad	June 18 Call	· ,	2024				
	/ /						