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2024 AUG 16 PM 12: 51 SECRETARY OF STATE TALLAHASSEE, FL

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COVER LETTER

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Registration Section

P.O. Box 6327

Tallahassee, FL 32314

TO:

Division of Co	rporations			
	EAF HEMP LLC			
SUBJECT:	Name of Limited Liability Company			
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	TONY BENJAMIN			
		Name of Person		
	GREENLEAF HEMP LL	С		
		Firm/Company		
	620 NW 20TH AVENUE			
		Address		
	POMPANO BEACH FL	33069		.0 ~9
	TÖNYSLIM 41@GMAIL.	City/State and Zip Code	<u> </u>	2024 AUG 16 PH 12: 52 SECRETARY OF STATE TALLAHASSEE, FL
	_	to be used for future annua	l report notification)	AUG TE
For further information	concerning this matter, please c	all:		NASS
TONY BENJAMIN			25-7969	NEE. ST 812:
Name	of Person	at () Area Code	Daytime Telephone Number	52 FL
Enclosed is a check for	the following amount:			
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee Certified Copy tadditional copy is en	Certificate o	f Status & py
<u>Mailing Addre</u> Registration Division of (Regist	Address: ration Section on of Corporations	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GREENLEAF HEMP LLC		
(<u>Name of the Limited Liability</u> (A Florida I	y Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co Florida document number $\frac{L24000280228}{L24000280228}$	ompany were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRI	ESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		SECKE
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, <u>enter the n</u>	ame of the pew registered
Name of New Registered Agent:		2: 52 STAT E. FL
New Registered Office Address:	Enter Florida street address	m
	Enter 1 torial street datress	
	, Florida	Zip Code
	City	raje Gentt

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

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>	<u>Name</u>	Address	Type of Action
MGR	TONY R. BENJAMIN	620 NW 20TH AVENUE	□Add
		POMPANO BEACH, FL 33069	Remove
			≣Change
			□Add
			□Remove
			Change
			□Add
			ZM4 AUG 16 PK 12: 52 SECREGIST (FIST STAFE) TALLMHASSEE, FIST
			Change
			□Add
			□Change
			□Add
			□Remove
			□Changu

TIMO

Security August 13. 2024 AUGUST 13. 2024 AUGUST 13. 2024 Signature of a member or authorized representative of a member TONY R. BENJAMIN				·	
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