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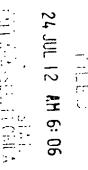
(Requestor's Name)
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Consideration to Siling Officers
Special Instructions to Filing Officer:

Office Use Only



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## **COVER LETTER**

TO: Registration Section Division of Corporation			
SUBJECT: P	ASTELEAF	LLC	<del></del>
	Name of Lim	ited Liability Company	
The enclosed Articles of An	nendment and fee(s) are sub	mitted for filing.	
Please return all corresponde	ence concerning this matter	to the following:	
	A-STIZ	21D ORNELIO Name of Person	
		Le leaf ((C	
	440	CANGHAM Dr Address	
	DAVENI Octizas	City/State and Zip Code  - Right 79 @ 9 mail to be used for future annual report notified	(0m
•	E-mail adofess: (	to be used for future annual report notific	cation)
For further information cond	cerning this matter, please co	all:	
AS+Rief Name of Pe	Cornelio	at ( <u>34</u> <del>)</del> ) <u>730</u> – Area Code Daytime	8630 Telephone Number
Enclosed is a check for the f	following amount:		
\$25.00 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:		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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PASTELEAF LLC	
(Name of the Limited Liability Company as it now (A Florida Limited Liability Com	appears on our records.) upany)
The Articles of Organization for this Limited Liability Company were filed Florida document number	on $6/25/2024$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability comp	any here:
The new name must be distinguishable and contain the words "Limited Liability Company	"the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	24.
(Principal office address MUST BE A STREET ADDRESS)	
. <del></del>	, 19 1
Enter new mailing address, if applicable:	5. Sec. 19.
(Mailing address MAY BE A POST OFFICE BOX)	6
B. If amending the registered agent and/or registered office address on agent and/or the new registered office address here:	our records, enter the name of the new registere
Name of New Registered Agent:	
New Registered Office Address:	nter Florida street address
	, Florida
City	Zip Code

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

tonly need to attange the for the authorized persons  President for manager  Vice President for authoriza	(MGR) I member (
Président for manager Vice President for authoriza	(MGR) I member (+
Vice President for authoriza	I menber (+
	****
tive date, if other than the date of filing:  flective date is listed, the date must be specific and cannot be prior to date of filing or more than 90.  If the date inserted in this block does not meet the applicable statutory filing requirem	<b>(optional)</b> days after filing.) Pursuant to 605.0 tents, this date will not be listed
ment's effective date on the Department of State's records.	
ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earl filed.	ier of: (b) The 90th day after t
July 9 . 2024	
Signature of a member of authorized representative of a member	