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## **COVER LETTER**

| Each Clearwater, L.C  Name of Limited Liability Company  The enclosed Articles of Amendment and feets) are submitted for tiling.  Please return all correspondence concerning this matter to the following:  Chiff Levy  Name of Person  Leap Clearwater, L.C  Firm/Company  3641 W. Kenndy Blvd., Suite A  Address  Tampa, FL 33609  City/State and Zip Code  Accounting/a/icise.com  E-mail address: to be used for hiture annual report notification)  For further information concerning this matter, please call:  Johna O'Hara  Same of Person  Same of Person  Enclosed is a check for the following amount:  Enclosed is a check for the following amount:  Enclosed is a check for the following amount:  Certificate of Status  Certificate of Status & Certificate Copy raddingual copy is enclosed:  Certificate of Status & Certificat Copy raddingual copy is enclosed:   | Division of C           | Corporations                       |  |               |
|---|-------------------------|------------------------------------|--|---------------|
| Name of Limited Liability Company  The enclosed Articles of Amendment and feets) are submitted for filing.  Please return all correspondence concerning this matter to the following:  Cliff Levy  Name of Person  Leap Clearwater, L.C  Firm*Company  3641 W. Kerndy Blvd., Suite A  Address  Tampa, FL 33609  City*State and Zip Code  Accounting*g-icise.com  E-mail address: to be used for future annual report notification)  For further information concerning this matter, please call:  Johna O'Hara  Same of Person  Same of Person  Tampa at Code  Name of Person  Tampa at Code  Daytine Telephone Number  Enclosed is a check for the following amount:  S25.00 Filing Fee  Certificat of Status  Certificat Copy  radditional comps caclosed:  Certificat of Status & Certificat Copy  radditional comps caclosed:  Certificat of Status & Certificat Copy  radditional comps caclosed:  Certificat of Status & Certificat Copy  radditional comps caclosed:  Certificat of Status & Certificat Copy  radditional comps caclosed:  Certificat Copy   | Leap Cl                 | earwater, L.C                      |  |               |
| Please return all correspondence concerning this matter to the following:    Chiff Levy   | SUBJECT:                | Name of Lin                        | uited Liability Company  |               |
| Please return all correspondence concerning this matter to the following:    Chiff Levy   |                         |                                    |  |               |
| Cliff Levy  Name of Person  Leap Clearwater, L.C  Firm/Company  3641 W. Kenndy Blvd., Suite A  Address  Tampa, Fl. 33609  City/State and Zip Code  Accounting@icise.com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Johna O'Hara  Name of Person  Same of Person  Same of Person  Same of Person  Finchosed is a check for the following amount:  Same Same of   | The enclosed Articles   | of Amendment and fee(s) are sub    | omitted for filing.  |               |
| Name of Person  Leap Clearwater, L.C  Firm*Company  3641 W. Kenndy Blvd., Suite A  Address  Tampa, FL 33609  City*State and Zip Code  Accounting*gricise.com  E-mail address: tto be used for hiture annual report notification)  For further information concerning this matter, please call:  Johna O'Hara  at ( )  Name of Person  Same of Person  Same of Person  Enclosed is a check for the following amount:  S25.00 Filing Fee  Certificate of Status  Certified Copy  (Certificate of Status & Certified Copy  (Certified Copy  (Certifie   | Please return all corre | spondence concerning this matter   | to the following:  |               |
| Name of Person  Leap Clearwater, L.C  Firm*Company  3641 W. Kenndy Blvd., Suite A  Address  Tampa, FL 33609  City*State and Zip Code  Accounting*gricise.com  E-mail address: tto be used for hiture annual report notification)  For further information concerning this matter, please call:  Johna O'Hara  at ( )  Name of Person  Same of Person  Same of Person  Enclosed is a check for the following amount:  S25.00 Filing Fee  Certificate of Status  Certified Copy  (Certificate of Status & Certified Copy  (Certified Copy  (Certifie   |                         | 201.321                            |  |               |
| Leap Clearwater, L.C   Firm*Company   |                         | Chirtery                           |  |               |
| Firm*Company  3641 W. Kenndy Blvd., Suite A  Address  Tampa, Fl. 33609  City*State and Zip Code  Accountingtoricise.com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Johna O'Hara  813 353-2220 x1002  Area Code  Daytine Telephone Number  Enclosed is a check for the following amount:  \$\Bigsir \text{S25.00 Filing Fee} \Bigsir \text{S30.00 Filing Fee} \Bigsir \Bigsir \text{S55.00 Filing Fee} \Bigsir \Bigsir \text{S60.00 Filing Fee}.  Certificate of Status \Bigsir \text{Certificate Opy} Certificate of Status \Bigsir \Bigs       |                         |                                    | Name of Person   |               |
| Address  Tampa, FL 33609  City/State and Zip Code  Accounting/ajicise.com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Johna O'Hara  813  353-2220 x1002  at (  |                         | Leap Clearwater, L.C               |  |               |
| Tampa, FL 33609  City/State and Zip Code  Accounting/g/icise.com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Johna O'Hara  Sat (Area Code Daytine Telephone Number  Enclosed is a check for the following amount:  Sat (Area Code Daytine Telephone Number)  Enclosed is a check for the following amount:  Sat (Area Code Daytine Telephone Number)  Certificate of Status (Certified Copy Certificate of Status & Certified Copy (Certified Copy (Certified Copy))  Certified Copy (Certified Copy)  |                         |                                    | Firm'Company   |               |
| Tampa, FL 33609  City/State and Zip Code  Accounting/ajicisc.com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Johna O'Hara  S13  353-2220 x1002  at (   |                         | 3641 W. Kenndy Blvd., S            | uite A   |               |
| City/State and Zip Code  Accountingtg/icise.com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Johna O'Hara  813 353-2220 x1002  at (   |                         | <del></del>                        | Address  |               |
| Accounting to ise com  E-mail address: (to be used for hiture annual report notification)  For further information concerning this matter, please call:  Johna O'Hara  813 353-2220 x1002  at ( )  Name of Person  Area Code  Daytime Telephone Number  Enclosed is a check for the following amount:  \$\Bigsir \text{S25.00 Filing Fee} \Bigsir \text{S30.00 Filing Fee} \Bigsir \Bigsir \text{S60.00 Filing Fee} \Bigsir \Bigsir \text{S60.00 Filing Fee} \Bigsir \Bigsir \text{Certificate of Status} \Bigsir \Bigs |                         | Tumpa, FL 33609                    |  |               |
| E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Johna O'Hara  813 353-2220 x1002  at (  |                         | ·                                  | City/State and Zip Code  |               |
| For further information concerning this matter, please call:   Johna O'Hara   |                         | Accounting(g/icise.com             |  |               |
| Same of Person   Same of Person   Same of Person   Area Code   Daytime Telephone Number   |                         | E-mail address: (                  | (to be used for future annual report notification)                         |               |
| Name of Person   Area Code   Daytime Telephone Number   | For further informatio  | n concerning this matter, please c | all:   |               |
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| Mailing Address:  Street Address:  Designation Continue   |                         |                                    |  |               |
| Registration Section Registration Section Division of Corporations Division of Corporations   |                         |                                    |  |               |

P.O. Box 6327 Tallahassee, FL 32314

TO:

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

| Leap Clearwater, L.C  |   |
|---|---|
| ( <u>Name of the Limited Liability Company as it now appears on our records.</u> )<br>(A Florida Limited Liability Company)   |   |
| The Articles of Organization for this Limited Liability Company were filed on $\frac{10/15/1998}{\text{Elorida document number}}$   | and assigned  |
| This amendment is submitted to amend the following:   |   |
| A. If amending name, enter the new name of the limited liability company here:  |   |
| The new name most be distinguishable and contain the words "I imited Liability Company," the designation "LLC" of   | or the abbreviation "L.I. C."                       |
| Enter new principal offices address, if applicable:   |   |
| (Principal office address MUST BE A STREET ADDRESS)   |   |
|   | e name of the new registered                        |
| agent and/or the new registered office address here:  |   |
| Name of New Registered Agent:   |   |
| New Registered Office Address:  |   |
| Enter Florida street address  |   |
| Flori   | ida<br>Zip Code                                     |
|   | 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 furth provisions of all statutes relative to the proper and complete performance of my duties, and accept the obligations of my position as registered agent as provided for in Chapter 605, F.3 being filed to merely reflect a change in the registered office address. I hereby confirm that company has been notified in writing of this change. | Lam familiar with and<br>S. Or, if this document is |

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          | Jordan Levy | 3641 W. Kennedy Blvd | ≣Add           |
|              |             | Suite A              |                |
|              |             | Tampa, FL 33609      |                |
| MGR          | Grant Levy  | 3641 W. Kennedy Blvd |                |
|              |             | Suite A              |                |
|              |             | Tampa, FL 33609      | _              |
| MGR          | Shayla Levy | 3641 W. Kennedy Blvd |                |
|              |             | Suite A              | □Remove        |
|              |             | Tampa, FL 33609      | □Change        |
| MGR          | Casey Ahern | 3641 W. Kennedy Blvd | ■Add           |
|              |             | Suite A              | □Remove        |
|              |             | Tampa, FL 33609      | □ Change       |
|              |             |                      | □Add           |
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| fan effi<br><u>Note:</u> | ive date, if other than the detive date is listed, the date image and in this hence of the date on the I | ust be specific an<br>block does not | nd cannot be pric<br>meet the appli | r to date of filing<br>cable statutory | or more than 90 c | lays after filing.) Pe                  | rsuant to 605.0207<br>I not be listed as |
| e record<br>ed is fil    | d specifies a delayed effecti<br>ed.   | ve date, but no                      | it an effective                     | time, at 12:01 :                       | a.m. on the earli | er of: (b) The 9                        | Oth day after the                        |
| Dated .                  | April 11   |                                      | 2024                                |  |                   |   |  |
|                          |  | \ / \                                | . ~                                 | \ . · · ·                              | <u> </u>          |   |  |

Filing Fee: \$25.00