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DATE: 4/17/20

NAME: 2LEAF PRESS INC.

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COVER LETTER

TO: Amendment Section Division of Corporations

2Leaf Press Inc. NAME OF CORPORATION:	
N19000001004 DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Claire Arritola, Esq.	
(Name of Contact Person)	
Greenberg Traurig P.A.	
(Firm/ Company)	
401 E. Las Olas Blvd., Suite 2000	
(Address)	
Fort Lauderdale, Florida 33301	
(City/ State and Zip Code)	
gdavid2@2leafpress.org	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Claire Arritola, Esq. 954 468-1748	
(Name of Contact Person) (Area Code) (Daytime Telephone Number)	
Enclosed is a check for the following amount made payable to the Florida Department of State:	
■\$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certificate of Status (Additional copy is enclosed) □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)	

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address

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

Articles of Amendment to Articles of Incorporation of

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2020/77	17	Pii	 :	ſ	ſ

ZLeaf Press Inc.		
(Name of Corporation as currently filed with the	Florida I	Dept. of State)
N19000001004		
(Docum	ent Numb	per of Corporation (if known)
Pursuant to the provisions of section 617.1006, Flor amendment(s) to its Articles of Incorporation:	rida Statute	es, this Florida Not For Profit Corporation adopts the follo
A. If amending name, enter the new name of the N/A	corporat	tion:
name must be distinguishable and contain the word "Company" or "Co." may not be used in the name.	"corporal	The ation" or "incorporated" or the abbreviation "Corp." or "li
B. Enter new principal office address, if applicable:		Claire Arritola, c/o Gabrielle David
(Principal office address <u>MUST BE A STREET AI</u>	DDRESS	401 East Las Olas Blvd, Suite 2000
		Ft Lauderdale, FL 33301
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u>80X</u>)	Claire Arritola, c/o Gabrielle David
		401 East Las Olas Blvd, Suite 2000
		Ft Lauderdale, FL 33301
D. If amending the registered agent and/or regist new registered agent and/or the new registered	<u>ere</u> d offic d office so	ce address in Florida, enter the name of the
•		rvices, Inc.
Hanc of New Registered Agent.		· · · · · · · · · · · · · · · · · · ·
<u>-</u>		th Pine Island Road
New Registered Office Address:		(Florida street address)
<u> </u>	Plantation	
		(City) (Zip Code)
New Registered Agent's Signature, if changing Re	gistered /	Agent:
Levely accept the appointment as registered agent.	1 am fam	niliar with and accept the obligations of the position
-F-	Sig	gnature of New Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change X Remove X Add	<u>V</u> <u>Mik</u>	<u>n Doe</u> e Jones y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u> .	<u>Addres</u> s
1) Change Add X Remove	D	Stephanie Agosto	289 N. Oak Street Longwood, FL 32750-4234
2) Change Add	D	Gabrielle David	Claire Arritola, c/o Gabrielle David 401 East Las Olas Blvd, Suite 2000 Ft Lauderdale, FL 33301
Remove 3) Change Add Remove			
4) Change Add			
Remove 5) Change Add			
Remove 6) Change Add			
E. If amending or additional she		Articles, enter change(s) here: b). (Be specific)	
N/A			
			

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The date of each amendment(s) adoption date this document was signed.	1:	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
	s not meet the applicable statutory filing requirements, this date will i	not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted was/were sufficient for approval.	by the members and the number of votes east for the amendment(s)	

There are no members or members e adopted by the board of directors.	entitled to vote on the amendment(s). The amendment(s) was/were
	la Danl
have not been sel	or vice chairman of the board, president or other officer-if directors lected, by an incorporator – if in the hands of a receiver, trustee, or nted fiduciary by that fiduciary)
Gabrielle Dav	id
	(Typed or printed name of person signing)
Chair of the B	Soard
	(Title of person signing)

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