Paa 100073310

(Rec	questor's Name)	
(Ada	dress)	
(Add	dress)	
(City	//State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bus	siness Entity Nar	me)
(Doc	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	Filing Officer:	

Office Use Only

A. RIVERS FEB - 8 2023



200396309322

10/20/22--01012--001 **25.00

02/0**%**/23--01001--019 **43.75

2023 FEB -8 FH 4: 09



January 19, 2023

CHRISTINA LEGRA 320 ADOLPHUS AVE UNIT 1014 CLIFFSIDE PARL, NJ 07010

SUBJECT: TEA LEAF COMPANY TALLAHASSEE

Ref. Number: P22000073310

We have received your document for TEA LEAF COMPANY TALLAHASSEE and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a LIMITED LIABILITY COMPANY, but your entity is a CORPORATION. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Alecia Rivers Regulatory Specialist II

Letter Number: 723A00001290

23 FEB - 3 PH 4: 0

FEB - 7 2023

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: Tea Leaf	Company Tall	ahassee
	er: <u><i>P</i>22,00007</u>	•	
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.	
Please return all corresp	ondence concerning this ma	tter to the following:	
-	Christina	Legya Name of Contact Person	1
-	320 Ado Cliffside Park	Firm/ Company	nit 1014
	Cl:Efrida D V	Address ALT 076	nio.
-		City/ State and Zip Code Lva 2015 @ 91 Red for future annual report	
For further information	concerning this matter, pleas	se call:	
Christino	r Leyra	at (84/5	300 - 4756 de & Daytime Telephone Number
Name o	Contact Gerson	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	√1\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amer Divis P.O.	ing Address adment Section ion of Corporations Box 6327 hassee, FL 32314	Amend Divisio The Co 2415 ?	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 ussee, FL 32303

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as curre	ently filed with the Florida Dept. of State)
(Document Number	er of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, thits Articles of Incorporation:	his Florida Profit Corporation adopts the following amendment(s) t
A. If amending name, enter the new name of the corporation:	<u>.</u>
-NA-	The new
name must be distinguishable and contain the word "corporation." Inc.," or Co.," or the designation "Corp." "Inc," or "Co". "chartered," "professional association," or the abbreviation "P.	A professional corporation name must contain the word
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	-NA-
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	-NA-
D. If amending the registered agent and/or registered office a new registered agent and/or the new registered office additional agent and/or the new registered office agent and/or the new registered office and/or the new registered office agent and/or the new registered office agent and/or the new registered office agent and/or the new registered office additional agent agent and/or the new registered office additional agent	1955:
Name of New Registered Agent	- CD
	က်
(Floride	street address)
New Registered Office Address:	(City) . Florida
	· · · · · · · · · · · · · · · · · · ·
	•
New Registered Agent's Signature, if changing Registered Ag I hereby accept the appointment as registered agent. I am famili	
Signature of Nev	w Registered Agent, if changing
Check if applicable	

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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	<u>PT</u> <u>John</u>	<u>i Doc</u>	
X Remove	<u>V</u> <u>Mik</u>	c Jones	
X Add	<u>SV</u> <u>Sally</u>	y Smith	
Type of Action (Check One)	Tule	<u>Name</u>	<u>Addres</u> s
1) Change	VP	Christina Legra	320 Adolphus Are
Add			Unit 1014
X Remove			Cliffside Park, NJ 07010
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			411
Remove			
51 Change			
Add			
Remove			
6) Change			
Add			
Remove			<u> </u>

Attach additional she	ets, if necessary).	(Be specific)				
 			*-		·	
		<u>-</u>				
			· · · · · · · · · · · · · · · · · · ·			
						
						
·						
				· · ·	·	
						
				·····		
f an amendment pr	avides for an evel	hanaa raalassifii	oution arranea	Hutian of issued	charac	
prov <u>isions for impl</u>	ementing the amo	endment if not co	ontained in the	amendment itse	olf:	
(if not applicabl	e, indicate N/A)			<u> </u>	_	
					···································	
-						
					. 	
						