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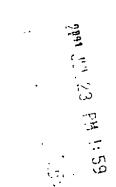
(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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07/23/21--01018--008 **25.00



TO: Registration Section Division of Corporations
SUBJECT: Seeds of Life LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Cristobal Cubillos Name of Person
Seeds of Life LLC Firm/Company
4585 6w 113th LN unit 309
City/State and Pip Code City/State and Pip Code Cristobal Cib. Ilius Q Yahov. Com E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Cris tobal Cubillus at (305) 790 - 6862 Name of Person Area Code: Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee S30.00 Filing Fee & S55.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

TO ARTICLES OF ORGANIZATION **OF**

Seed of hite	د لدر	
(<u>Name of the Limited Liability Co</u> (A Florida).imi	onpany as it now appears on ited Liability Company)	our records.)
The Articles of Organization for this Limited Liability Comp	any were filed on 06/	/08/2021 and assigned
Florida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	liability company here:	
House of C. LLC The new name must be distinguishable and contain the words "Limited L.	isbility Company." the design	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS	 :)	
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		7, 49
Enter new mailing address, if applicable:		- -
Mailing address MAY BE A POST OFFICE BOX)		29 U. 20
		70
		1.1-
 If amending the registered agent and/or registered office gent and/or the new registered office address here: 	ce address on our recor	ds, enter the name of the new register
The state of the s		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida su	rvet address
		. Florida
····	City	, Florida

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

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
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