N2200014121

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COVER LETTER

TO: Amendment Section Division of Corporations

. ., .

Lemon City NAME OF CORPORATION:	Collective, Inc.			
N22000014121 DOCUMENT NUMBER:				
The enclosed Articles of Amendment and fee	are submitted for filing.			
Please return all correspondence concerning the	his matter to the following:			
Brittany Aquart				
	(Name of Contact I	erson)		
Lemon City Collective, Inc.				
	(Firm/ Compar	ıy)		
516 NE 64th St.				
	(Address)			
Miami, FL 33138				
	(City/ State and Zip	Code)		
Brittany@lemoncitycollective.com				
E-mail address: (to	be used for future annual re	eport notification	n)	
For further information concerning this matter	r, please call:			
Brittany Aquart	s	305	338-9138	
(Name of Contact		(Area Code)	(Daytime Telephone Nu	ımber)
Enclosed is a check for the following amount	made payable to the Florida	Department of	State:	
□\$35 Filing Fee □\$43.75 Filing Certificate of		Certi is Certi (Add	0 Filing Fee ficate of Status fied Copy itional Copy is osed)	
Mailing Address Amendment Section		treet Address amendment Sec	tion	

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

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

Lemon City Collective, Inc.			
Name of Corporation as currently filed with the Florida L	Dept. of State)		
N22000014121			
(Document Numb	er of Corporation (if kn	own)	
Pursuant to the provisions of section 617,1006, Florida Statute amendment(s) to its Articles of Incorporation:	s, this <i>Florida Not For</i>	r Profit Corporation adopts the	following
A. If amending name, enter the new name of the corporat	ion:		
			_The new
name must be distinguishable and contain the word "corpora, "Company" or "Co." may not be used in the name. B. Enter new principal office address, if upplicable.	ion" or "incorporated	" or the abbreviation ".Corp."	or "Inc." چ
B. Enter new principal office address, if applicable:		; · · · · · · · · · · · · · · · · · · ·	175
(Principal office address MUST BE A STREET ADDRESS			.5 .5
			<u> </u>
			- <u>F</u>
C. Enter new mailing address, if applicable:		· · · · · · · · · · · · · · · · · · ·	$\ddot{\infty}$
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)			
			-
			<u></u> .
D. If amending the registered agent and/or registered offi	ce address in Florida.	enter the name of the	
new registered agent and/or the new registered office a			
Name of New Registered Agent:			
N= Designed Office Address	(Fle	orida street address)	
New Registered Office Address:			
		, Florida	
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fa	Agent: miliar with and accept	the obligations of the position.	
	gnature of New Registe	ered 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	PT John De V Mike Jo SV Sally S	ones	
Type of Action (Check One)	Title	Name	Address
1) ChangeX_ Add	<u>D</u>	Andrea Lopez	711 Crandon Blvd. #302 Key Biscayne, FL 33149
Remove			
2) Change Add	_ <u>D</u> _	Melissa Knopp	10865 Bay Drive #21 Miami Beach, FL 33141
X Remove 3) Change Add Remove			
4) Change Add	-		
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or addi (attach additional she		ticles, enter change(s) here: (Be specific)	· · · · · · · · · · · · · · · · · · ·

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The date of each amendment(s) adoption: 7/1/2025 date this document was signed.	, if other than the
Effective date if applicable: 7/1/2025	
Effective date if applicable: 7/1/2025 (no more than 90 days after amendment file date)	
<u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will no document's effective date on the Department of State's records.	t be listed as the

The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

(CHECK ONE)

Adoption of Amendment(s)

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.
Dated 8 19 25
Signature Author
(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
Brittany Aquart (Typed or printed name of person signing)
Director

(Title of person signing)