

L12 0000 78382

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

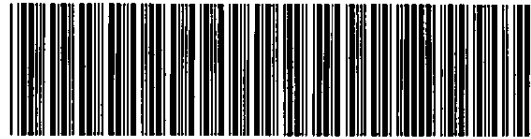
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **EAT4LIFE, 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:

Ashanty Williams

Name of Person

EAT4LIFE, LLC

Firm/Company

4556 SW 71 Ave

Address

Miami, FL 33155

City/State and Zip Code

AshantyFW@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ashanty Williams

Name of Person

at **786 267-7484**

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| ☒ \$25.00 Filing Fee | ☐ \$30.00 Filing Fee &
Certificate of Status | ☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | ☐ \$60.00 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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

EAT4LIFE, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on June 13, 2012 and assigned Florida document number L12000078382.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Organically RAW, LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Ashanty Williams

4556 SW 71 Ave

Miami, FL 33155

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Same as above

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Ashanty Williams

New Registered Office Address:

4556 SW 71 Ave

Enter Florida street address

Miami

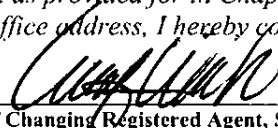
City

, Florida 33155

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 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

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Ashanty Williams	4556 SW 71 Ave	☒ Add
		Miami, FL 33155	☐ Remove
MGR	Brian May	235 Catalonia Ave	☐ Add
		Coral Gables, FL	☒ Remove
AMBR	Lauren Feingold	4556 SW 71 Ave	☒ Add
		Miami, FL 33155	☐ Remove
			☐ Add
			☐ Remove
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			☐ Add
			☐ Remove

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 PALM BEACH, FLORIDA

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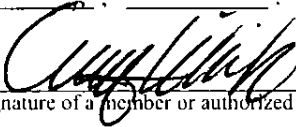
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Would like to file EAT4LIFE as our fictitious name.

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated May 5 2014


Signature of a member or authorized representative of a member

Ashanty Williams

Typed or printed name of signee

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Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA

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