

U4000057421

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(Address)

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(Business Entity Name)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MAR 18 2015

S. YOUNG

February 23, 2015

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

To whom it may concern:

Attached please find the request to amend the Articles of Organization of Fit Mama, LLC, a Florida Limited Liability Company. We are requesting to amend the name of our organization to 'Mother's Harvest, LLC'. Additionally, please find attached the \$25 filing fee. If you have any questions, please contact Claire Carter, CPA at (516) 375-1017 or at [claireleighcarter@gmail.com](mailto:claireleighcarter@gmail.com). Please send acknowledgement to the registered address on file:

Mother's Harvest, LLC  
c/o Jennifer Neal  
4731 Glenn Pine Lane  
Boynton Beach, Florida 33436

Regards,

Jennifer Neal

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15 MAR -2 PM 4:48  
STATE OF FLORIDA  
TALLAHASSEE

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

Fit MAMA, 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 04/07/2014 and assigned Florida document number L14000057421.

This amendment is submitted to amend the following:

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

MOTHER'S HARVEST, 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)

**Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

**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:

New Registered Office Address:

*Enter Florida street address*

City, Florida

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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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RECORDS & COMM. DIV.

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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)

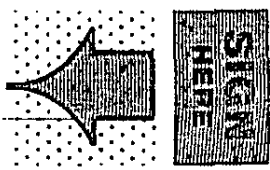
Dated 2/23/2015



Signature of a member or authorized representative of a member

Jennifer Neal

Typed or printed name of signee



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CLERK OF DISTRICT COURT  
TALLAHASSEE, FLORIDA