

L14000176458

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

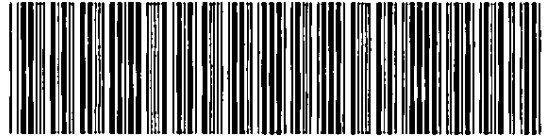
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400395778754

10/12/22--01007--009 **25.00

FILED

2022 OCT 12 AM 10:11

SECRETARY OF STATE
TALLAHASSEE, FL

RECEIVED

2022 OCT 12 PM 4:30

CLERK OF COURT
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Amenima, 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:

Jim McKee

Name of Person

Foley & Lardner LLP

Firm/Company

106 East College Ave., Suite 900

Address

Tallahassee, FL 32301

City/State and Zip Code

jimckee@foley.com

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

For further information concerning this matter, please call:

Jim McKee

850 513-3378
at ()

Name of Person

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 Address:

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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED

2022 OCT 12 AM 10:11

Ameruna, LLC

SECRETARY OF STATE
TALLAHASSEE, FL

(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 11/10/2014 and assigned
Florida document number L14000176458

This amendment is submitted to amend the following:

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

Star Buds Florida LLC

The new name must be distinguishable and contain 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)

625 Grand Boulevard

Suite 212

Miramar Beach, FL 32550

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

625 Grand Boulevard

Suite 212

Miramar Beach, FL 32550

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:

Judd S. Jackson

New Registered Office Address:

625 Grand Boulevard, Suite 212

Enter Florida street address

Miramar Beach

Florida 32550

City

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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person 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>
AR	Judd S. Jackson	625 Grand Boulevard, Suite 212	<input checked="" type="checkbox"/> Add
		Miramar Beach, FL 32550	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Amy Lefkowitz	5127 Dorwin Place	<input type="checkbox"/> Add
		Orlando, FL 32814	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Ryan Lefkowitz	5127 Dorwin Place	<input type="checkbox"/> Add
		Orlando, FL 32814	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

2022 OCT 12 AM 10:11
STATE OF FLORIDA
TALLAHASSEE, FL

FILED

E. Effective date, if other than the date of filing: _____ (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 10/10/2022

Signature of a member or authorized representative of a member

Judd S. Jackson

Typed or printed name of signer