

LL5 000 177450

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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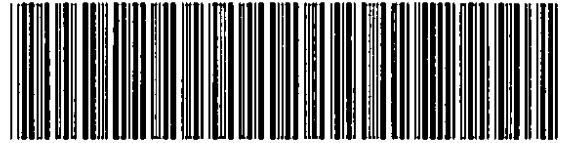
(Business Entity Name)

(Document Number)

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2019 DEC 26 PM 4:06
SECRETARY OF STATE
TALLAHASSEE, FL

O SIMMONS
JAN 27 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Grassroots Kava House, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing. Replaces prior Amendment dated Dec 19, 2019
Please return all correspondence concerning this matter to the following:

Sean G. Suits

Name of Person

Grassroots Kava House, LLC

Firm/Company

957 Central Ave

Address

St. Petersburg, FL 33705

City/State and Zip Code

Sean@grassrootskavahouse.com

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

For further information concerning this matter, please call:

Trudy A Taylor CPA

Name of Person

at (727)

Area Code

861-8632

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**

Grassroots Kava House, 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 October 19, 2015 and assigned Florida document number L15000177460.

This amendment is submitted to amend the following:

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

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "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:

451 29th Ave N.

Enter Florida street address

St Petersburg

City

Florida

33704

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>
AMBR	Sean G. Suits	451 29 th Ave. N.	<input type="checkbox"/> Add
		St. Petersburg, FL 33704	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	Kenneth Hoyumpa	4618 36 th Ave. N.	<input checked="" type="checkbox"/> Add
		St. Petersburg, FL 33713	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Jeffery Connelly	2429 15 th Ave. N.	<input checked="" type="checkbox"/> Add
		St. Petersburg, FL 33713	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Ryan Cavanaugh	2829 Dartmouth Ave. N.	<input checked="" type="checkbox"/> Add
		St. Petersburg, FL 33713	<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

SECRETARY OF STATE
TAMMIE J. MOSE, FL
2019 DEC 26 PM 4:06
Remove
Change
Add

2014 DEC 26 PM 4: 06
SECRETARY OF STATE
TALLAHASSEE, FL

2019 DEC 26 PM 4: 06
SECRETARY OF STATE
TALLAHASSEE, FL

100

(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)

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 December 20, 2019

~~Signature of a member or authorized representative of a member~~

Sean G. Suits

Typed or printed name of signee

Filing Fee: \$25.00