LILE CCCCCCC 1535

(Requestor's Name) (Address)	
(Address)	700370
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	07/26/21
(Business Entity Name) (Document Number)	
Certified Copies Certificates of Status	
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COVER LETTER

TO: Registration Division of C				
Dr. Mor SUBJECT:	se's Herbal Health Club, LLC			
SUBJECT:	Name of Lin	ited Liability Company		
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.		
Please return all corre	spondence concerning this matter	to the following:		
	Jennifer Billingham			
		Name of Person	.	
	Dr. Morse's Herbal Health	Club, LLC		
		Firm/Company		
	525 Tamiami Trail, Unit 2			
		Address		
	Port Charlotte, FL 33953			
	jenb@dmhhc.com	City/State and Zip Code		
		to be used for future annual report noti	fication)	
For further informatio	n concerning this matter, please of	all:	Ç.	(‡)
Jennifer Billingham		941 766-8068, ex	st. 112	
Nam	e of Person		c Telephone Number	
Enclosed is a check for	r the following amount:			•
■ \$25.00 Filing Fee	S30.00 Filing Fcc & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
<u>Mailing Add</u>	ress:	Street Address:		

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

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

Dr. Morse's Herbal Health Club, LLC			
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company Florida document number L16000061535	were filed on 3/28/2016	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company here:		
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or th	e abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	525 Tamiami Trail		
(Principal office address MUST BE A STREET ADDRESS)	Loffice address MUST BE A STREET ADDRESS) Unit 2		
	Port Charlotte, FL 33953		
Enter new mailing address, if applicable:	525 Tamiami Trail		
(Mailing address MAY BE A POST OFFICE BOX)	Unit 2		
	Port Charlotte, FL 33953		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>enter the n</u>	ame of the new registered	
Name of New Registered Agent:			
New Registered Office Address:		-	
	Enter Florida street address	•	
	, Florida	Zip Gode	
New Registered Agent's Signature, if changing Registered Agent:		N E	
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I at provided for in Chapter 605, F.S. C	n familiar with and Or. if this document is	

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>	Address	Type of Action
AMBR	Brenda Morse	16094 Galena Avenue	■Add
		Port Charlotte, FL 33954	□Remove
			□Change
AMBR	Robert Morse	16094 Galena Avenue	■Add
		Port Charlotte, FL 33954	□Remove
			□Change
AMBR	Jennifer Billingham	525 Tamiami Trail	■Add
		Unit I	□Remove
		Port Charlotte, FL 33953	□Change
AMBR	Jason Willette	16109 Camas Avenue	€Add
		Port Charlotte, FL 33954	© Remove
AMBR	Jennifer Willette	525 Tamiami Trail	Add
		Unit 1	
		Port Charlotte, FL 33953	Change
			□Add
			□Remove
			Change

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tive date, if other than the date of filing:	(optional)	** * **
ffective date is listed, the date must be specific and cannot be prior to date of filing or more th	an 90 days after filing.) Pursuant to 605.020
If the date inserted in this block does not meet the applicable statutory filing requent's effective date on the Department of State's records.	uirements, this date	will not be listed as
and a street of the softential of state s records.		
		24
rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on thiled.	e earlier of: (b) The	e 90th day after the
ned.		
7/21/2021		
1 7/21/2021		
(11) al 10		
Signature of a member of authorized representative of a r		

Filing Fee: \$25.00