

L/16000/05/65

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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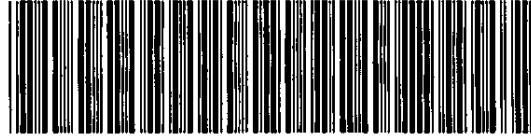
(Business Entity Name)

(Document Number)

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2016 AUG 29 PM 3:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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K. SALY
EXAMINER
AUG 30

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Surprisingly Organic 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:

Lashawn V. Norman
Name of Person

Surprisingly Organic LLC
Firm/Company

9352 Bahia Rd Ocala FL 34472
Address

Ocala FL 34472
City/State and Zip Code

lnormen750213@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lashawn V. Norman at (754) 201-6237
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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

Surprisingly Organic LLC

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

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TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on May 31, 2016 and assigned
Florida document number L16000105165.

This amendment is submitted to amend the following:

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

n/a

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)

9352 Bahia Rd
Ocala FL, 34472

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

9352 Bahia Rd
Ocala FL, 34472

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:

Lashawn V. Norman

New Registered Office Address:

9352 Bahia Rd

Enter Florida street address

Ocala

City

, Florida

34472

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.

Lashawn Norman

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>
MGR	Isabelle Bossard-Jobin	2407 Dewey St	<input type="checkbox"/> Add
		Hollywood Fl, 33020	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Alexandria Senase	119 NW 42nd St	<input type="checkbox"/> Add
		Miami, Fl 33127	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Lashawn Norman	9352 Bahia Rd	<input type="checkbox"/> Add
		Ocala, Fl 34472	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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2016 AUG 22 PM 3:08
CLERK OF DISTRICT COURT
TALLAHASSEE, FL 32301

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

N/A

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CLERK OF STATE
TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: 8/24/2016 (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 8/24/, 2016

Gashawn V. Norman
Signature of a member or authorized representative of a member

Gashawn V. Norman
Typed or printed name of signer