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(Requestor's Name)	
(Address)	70039907
(Address)	
(City/State/Zip/Phone #)	
(Business Entity Name)	3/6/23 V-114. 12/20/2201032
(Document Number) Certified Copies Certificates of Status	V-UCL . 12/20/2201032
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COVER LETTER

· TO:

Tallahassee, FL 32314

TO: Registration of	on Section Corporations		
SUBJECT: I	Intelligand, LLC		
	Name of Lin	nited Liability Company	
The enclosed Artick	es of Amendment and fee(s) are sub	omitted for filing.	
Please return all corr	respondence concerning this matter	to the following:	
		wathan Clarke Name of Person	·
	<u> </u>	Firm/Company	
		Firm/Company	
	36 Bald Eag	le Court	
	<u></u>	Address	
	Santa Ros	sa Beach, FL 3245	9
	- Sacretac (a.	Sa Black, FL 3245 City/State and Zip Code	<u>·</u>
	- jelavke	OSZUF@g mail. (om)	<u> </u>
For further informati	ion concerning this matter, please c		ncation)
Jonat	man Clarke	ut (7-70) 855- [(6 (4
Na	me of Person	Area Code Daytim	e Telephone Number
Enclosed is a check :	for the following amount:		
S25.00 Filing Fe	ce S30.00 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 Ad		Street Address:	
_	on Section of Corporations	Registration Sec Division of Cor	
P.O. Box	•	The Centre of T	•

2415 N. Monroe Street, Suite 810

Tailahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Intelligand, LLC	<u> </u>		
(Name of the Limited Liability C (A Florida Lir	Company as it now appended Liability Company	ears on our records.)	
The Articles of Organization for this Limited Liability Com Florida document number \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	pany were filed on _	6/14/2016	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited Edentia Herbals, LLC	l liability company	<u>here</u> :	
The new name must be distinguishable and contain the words "Limited	Liability Company," the	designation "LLC" or the abbi	reviation "L.L.C."
Enter new principal offices address, if applicable:		-	
(Principal office address MUST BE A STREET ADDRES	<u></u>	<u></u>	o 2
	-	TATE III	PI 122 DEC 2
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			S III
B. If amending the registered agent and/or registered of	fice address on our	records enter the name	7
agent and/or the new registered office address here:	1100 2001 031 021	records, enter the name	of the new registe
Name of New Registered Agent:	<u> </u>		
New Registered Office Address:			
-	Enter Fi	orida street address	
		, Florida	
	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 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
			DAdd
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Add
			□Remove
			□Change
			□Add
			Remove
			□ Change

		
reffectiv <u>te:</u> If th	date, if other than the date of filing:)201 d as
cord sp s filed.	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after t	the
ed	December 12th 2022	
	Signature of a member or authorized representative of a member	
	•	