

L17000040781

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

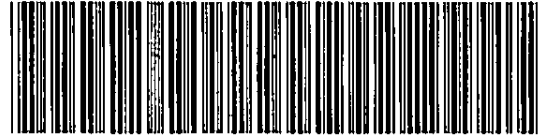
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
AUG 21 PM 4:12

D. SCOTT
AUG 23 2017

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Ancient Roots Apothecary

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:

Margaret Desmond

Name of Person

Firm/Company

2172 Soft Wind Trail W

Address

Jacksonville, FL 32224

City/State and Zip Code

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

For further information concerning this matter, please call:

Margaret Desmond

904

207-1255

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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

FILED
JUN 11 2007
FBI

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

Ancient Roots Apothecary

(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 2/21/2017 and assigned
Florida document number 117000040781.

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.L.C."

Enter new principal offices address, if applicable:

2172 Soft Wind Trail W.

(Principal office address MUST BE A STREET ADDRESS)

Jacksonville, FL 32224

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:

Margaret L Desmond

New Registered Office Address:

2172 Soft Wind Trail W

Enter Florida street address

Jacksonville

Florida

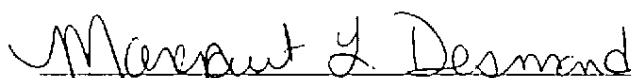
32224

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>
MGR	Margaret L. Desmond	2172 Soft Wind Trail W	<input type="checkbox"/> Add
		Jacksonville, FL 32224	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	Donna McGee	2642-2 Roselle Street	<input type="checkbox"/> Add
		Jacksonville, FL 32204	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Suzanne Kirkpatrick	7956 Copperfield Circle S	<input checked="" type="checkbox"/> Add
		Jacksonville, FL 32224	<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(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 _____, _____

Marcel L. Desmond
Signature of a member or authorized representative of a member

Margaret L Desmond

Typed or printed name of signee