

L17000240768

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

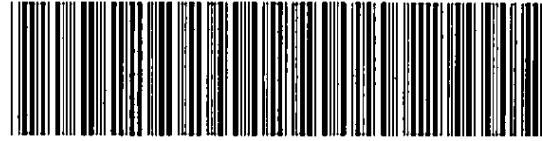
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SEP 27 2019
T. SCHROEDER

COVER LETTER

**TO: Registration Section
Division of Corporations**

THE PLANT GUY SHOP LLC

SUBJECT: _____
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:

Evanes Magnetian

Name of Person

The Plant Guy Shop

Firm/Company

3200 N Federal Hwy, STE 605

Address

Fort Lauderdale, FL 33306

City/State and Zip Code

theplantguyshop@gmail.com

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

For further information concerning this matter, please call:

Evanes Magnetian

347 559-2882

Name of Person at (_____) _____
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**

The Plant Guy Shop 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 11/21/2017 and assigned Florida document number L17000240768.

This amendment is submitted to amend the following:

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

THE EDEN PLANTS LLC

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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19 SEP 26 AM 8:12
STATE OF FLORIDA
TALLAHASSEE COUNTY

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: _____

Enter Florida 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 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> |
|--------------|--------------|---|--|
| MGRM | MATTHEW LANG | | <input type="checkbox"/> Add |
| | | 12 EAST OAKLAND PARK BLVD WILTON MANORS, FL 33334 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
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SECONDARY OFFICIAL
 TALLAHASSEE POLICE
 19 SEP 26 PM 8:12
 WILLO

