

L180000051906

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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MAIL

(Business Entity Name)

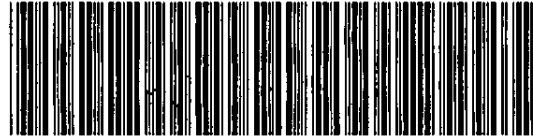
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TALLAHASSEE, FLORIDA

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MAR 26 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Leilani And Apothecary 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:

Kiana Samuel

Name of Person

Leilani And Earth Apothecary LLC

Firm/Company

2327 Douglas Street

Address

Hollywood, FL 33020

City/State and Zip Code

IamKianaSamuel@gmail.com

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

For further information concerning this matter, please call:

Kiana Samuel

Name of Person

at 754, 802-9064

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

Leilani And Apothecary LLC

Page 1 of 3

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

☐ Change

☐ Remove
☐ Change
☐ Add
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In accordance with 605.0207 (3)(b),
I will not be listed as the

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.

Dated March 20, 2018.

Kiana Samuel

Signature of a member or authorized representative of a member

Kiana Samuel

Typed or printed name of signee