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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates o	of Status
Special Instructions to	Filing Officer:	
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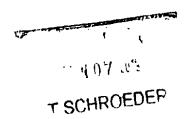




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18 DEC 19 AM 7: 92 SECRETARY OF STATE FALL AHASSEFT TORIBA



COVER LETTER

TO:	Registration Section Division of Corporations
SUBJ	ECT: Life Thyme Wellness LLC Name of Limited Liability Company
The er	nclosed Articles of Amendment and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	Ann J Marshall Name of Person
	Firm/Company
	10931 W StSt PC
	City/State and Zip Code AC Mar Sh Q gmail. Com E-mail address: (to be used for future should report positivation)
	E-mail address: (to be used for future annual report notification)
For fu	rther information concerning this matter, please call:
	And Machall at (352) 5/4-0707 Name of Person Area Code Daytime Telephone Number
Enclos	sed is a check for the following amount:
□ \$ 2	\$30.00 Filing Fee \$\ \begin{array}{c} \$30.00 Filing Fee & \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \

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

Lite Thyme We	Muss LLC	
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.) hability Company)	
Florida document number <u>L/80000833</u> .7/	were filed on	// S and assigned
amendment is submitted to amend the following: If amending name, enter the new name of the limited liability company here: See new principal offices address, if applicable: Incipal office address MUST BE A STREET ADDRESS) Incipal office address, if applicable: Incipal office address, if applicable: Incipal office address, if applicable: Incipal office address MUST BE A STREET ADDRESS) Incipal office address MUST BE A STREET ADDRESS) Incipal office address MUST BE A STREET ADDRESS) Incipal office address, if applicable: Incipal office address MAY BE A POST OFFICE BOX) If amending the registered agent and/or registered office address on our records, enter the name of the new registered office address here: Name of New Registered Agent: New Registered Office Address:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LLC" (or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	Carola H	Cooper
(Principal office address MUST BE A STREET ADDRESS)	10931 U3 3	Place
	Caireville,	76=80666
Enter new mailing address, if applicable:	Same	
(Mailing address MAY BE A POST OFFICE BOX)		111-5
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	fice address on our records,	
Name of New Registered Agent:	MA	
New Registered Office Address:		
	Enter Florida street address	
	, Flori	
	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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MER	Anne J. Marshall	10931 UW 315+ PC	□ Add
		10921 UW 315+ PC Gairesville, 76 50666	Remove
			Change
			🗆 Add
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Moring from 2 owner /n	neber to
Moring from 2 owner for 1 owner: Carala Cognes	
	
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	SSE 6
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12/01/18	
Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than Note: If the date inserted in this block does not meet the applicable statutory filing require document's effective date on the Department of State's records.	(optional) 90 days after filing.) Pursuant to 605,0207 (3)(ements, this date will not be listed as the
the record specifies a delayed effective date, but not an effective time, a) The 90th day after the record is filed.	t 12:01 a.m. on the earlier of:
Dated December 11 2018.	
Signature of a member of authorized representative of a men	nber

Page 3 of 3

Filing Fee: \$25.00