

L18000190591

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(City/State/Zip/Phone #)

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TALLAHASSEE, FLORIDA

SEP 07 2018

T SCHROEDER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Monique's 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:

Monique Murray
Name of Person

Firm/Company	Country	Year	Sample Size	Method	Findings
Firm A	USA	2005	100	Survey	Positive
Firm B	UK	2006	150	Interview	Mixed
Firm C	Canada	2007	200	Survey	Positive
Firm D	Australia	2008	120	Interview	Positive
Firm E	Germany	2009	180	Survey	Mixed
Firm F	France	2010	160	Interview	Positive
Firm G	Italy	2011	140	Survey	Mixed
Firm H	Spain	2012	130	Interview	Positive
Firm I	Japan	2013	170	Survey	Mixed
Firm J	China	2014	190	Interview	Positive
Firm K	India	2015	110	Survey	Mixed
Firm L	Brazil	2016	105	Interview	Positive
Firm M	Russia	2017	125	Survey	Mixed
Firm N	South Africa	2018	115	Interview	Positive
Firm O	Mexico	2019	135	Survey	Mixed
Firm P	Argentina	2020	100	Interview	Positive
Firm Q	Colombia	2021	110	Survey	Mixed
Firm R	Peru	2022	120	Interview	Positive
Firm S	Venezuela	2023	105	Survey	Mixed
Firm T	Chile	2024	115	Interview	Positive
Firm U	Ecuador	2025	100	Survey	Mixed
Firm V	Bolivia	2026	110	Interview	Positive
Firm W	Paraguay	2027	105	Survey	Mixed

9831 Ridge Blvd
Address

Jacksonville, FL 32208
City/State and Zip Code

monique.murray123@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JNJJHJHJKHKKK Monique Murray at (561) 718-4016
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**

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

Monique's Apothecary 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 8/8/18 and assigned
Florida document number L18000190591

This amendment is submitted to amend the following:

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

UrbanHerbals 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)

N/A

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

N/A

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TALLAHASSEE, FLORIDA

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:

N/A

New Registered Office Address:

N/A

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>
	N/A		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

N/A

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E. Effective date, if other than the date of filing: _____ (optional)

(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)

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.

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 _____

Monique Murray

Signature of a member or authorized representative of a member

Monique Murray

Typed or printed name of signee