

L19000120310

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

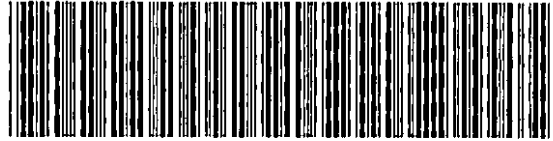
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Plum Tree 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:

Marcia Sierra McDowell

Name of Person

Plum Tree Apothecary, LLC

Firm/Company

PO Box 560983

Address

Rockledge, FL 32956

City/State and Zip Code

plumtreeapothecary@gmail.com

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

For further information concerning this matter, please call:

Marcia Sierra-McDowell

Name of Person

at (321) 614-8816

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**

Plum Tree 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 02 May 2019 and assigned Florida document number L19000120310

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here: (not changing name)

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:

(same)

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(same)

(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:

Marcia Sierra-McDowell

New Registered Office Address:

590 Solutions Way, Suite 100

Enter Florida street address

Rockledge

City

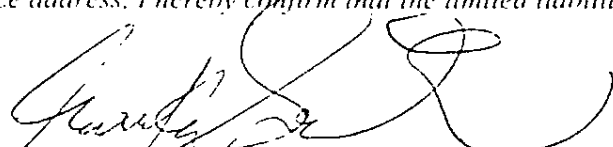
, Florida

32955

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>
AMBR	marcia McDowell	590 Solutions Way Suite 100 Rockledge, FL 32955	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	marcia Sierra McDowell	590 Solutions Way, Suite 100 Rockledge, FL 32955	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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FBI - MIAMI

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

i am the only member in this LLC, but need to
change my name on record from
marcia McDowell to - Marcia Sierra-McDowell
since my legal last name is hyphenated.
all other information including business name,
mailing address, principal address are
remaining the same.

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SECRETARY OF STATE
RECEIVED

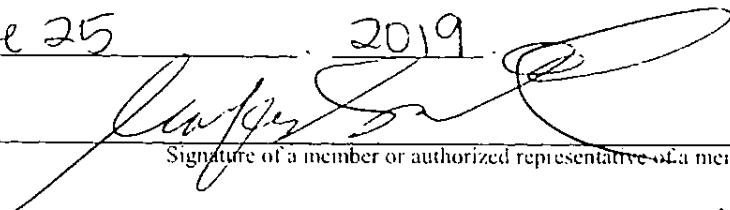
E. Effective date, if other than the date of filing: 6-25-19 12:00am (optional)

(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 June 25, 2019


Signature of a member or authorized representative of a member

Marcia Sierra-McDowell
Typed or printed name of signer