

L19000152564

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

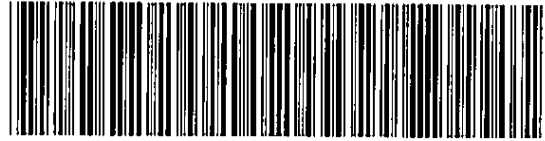
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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T SCHROEDER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ANCIENT BOTANICALS 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:

GIAVANNI VIGLIOTTI

Name of Person

ANCIENT BOTANICALS LLC

Firm/Company

1625 RENNAISSANCE COMMONS BLVD APT 618

Address

BOYNTON BEACH FL 33426

City/State and Zip Code

ADMIN@ANCIENTKRATOM.COM

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

For further information concerning this matter, please call:

GIAVANNI VIGLIOTTI

305 209-0386
at ()
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

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>
MGR	GIAVANNI VIGLIOTTI	1625 RENAISSANCE COMMONS BLVD BOYNTON BEACH, FL 33426	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
MGR	JUAN LEMOS	1625 RENAISSANCE COMMONS BLVD BOYNTON BEACH, FL 33426	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
MGR	TREVOR EVANS	1625 RENAISSANCE COMMONS BLVD BOYNTON BEACH, FL 33426	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
			<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
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 ST. CLAUDE
 TALLAHASSEE, FLORIDA

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

PLEASE ADJUST TITLE FOR GIAVANNI TO APPROPRIATE TITLE AS MANAGER. PLEASE ADD JUAN
AND TREVOR AS MANAGERS IN THE BUSINESS.

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 005.0207 (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 7/2/18



Signature of a member or authorized representative of a member

Giovanni Vigliotti

Typed or printed name of signee

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