119000152564

Office Use Only



800331623818

07/06.13--61616--011 902.00

FILED

19 JUL -8 AHTH 52

SLOKUANY A SIMIE
FALL MIASSET FLORIDA

JUL 19 27 SCHROEDEF

COVER LETTER

TO:	Registra Division			,			
CITO IUZ	ANCIENT BOTANICALS LLC						
SOBJEC	.l:	Name of Limited Liability Company					
The encl	osed Arti	cles of A	mendment and fee(s) are sub	omitted for filing.			
Please ro	turn all c	orrespon	dence concerning this matter	to the following:			
			GIAVANNI VIGLIOTTI				
			ANCIENT BOTANICALS	Name of Person S LLC	 		
		Firm/Company 1625 RENNAISANCE COMMONS BLVD APT 618 Address					
			BOYNTON BEACH FL 3				
			ADMIN@ANCIENTKRA	City/State and Zip Code FOM.COM			
			E-mail address: (to be used for future annual rep	ort notification)		
For furth	er inform	ation cor	acerning this matter, please co	all:			
GIAVA:	NI VIGI			305 209-0 at ()			
	?	Name of I	Person	Area Code	Daytime Telephone Number		
Enclosed	is a chec.	k for the	following amount:				
\$25.0	00 Filing 1	Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	□ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclose		

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

ANCIENT BOTANICALS LLC	•	
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	iny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 06/10/2019	and assigned
Florida document number L19000152564		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		· · · · · · · · · · · · · · · · · · ·
(Principal office address MUST BE A STREET ADDRESS)		25 18
Enton you mailing address if applicable.		22 to 60 1
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		ORDE 2
B. If amending the registered agent and/or registered of	Maa addraes on our records	≯ ≻
registered agent and/or the new registered office address her		enter the name of the ne-
	_	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Flori	da
	City , F1011	Zin 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>	Name	Address	Type of Action
MGR	GIAVANNI VIGLIOTTI	1625 RENAISSANCE COMMONS BLVD	X Add
		BOYNTON BEACH, FL 33426	
			□ Remove
			□ Change
MGR	JUAN LEMOS	1625 RENAISSANCE COMMONS BLVD	7≤ .∧dd
		BOYNTON BEACH, FL 33426	
			□ Remove
			☐ Change
MGR	TREVOR EVANS	1625 RENAISSANCE COMMONS BLVD	∑ ∧dd
		BOYNTON BEACH, FL 33426	j a Add
			Remove
			Ghange
			L TI
-			123
			Remove D
			67 77 78
			☐ Change
			Add
			☐ Remove
			Change
			Add
			Remove
			Change

AND TREVOR AS MANAGERS IN THE BUSI	INESS.			
<u> </u>				
				
				
			Z.S.	
			<u> </u>	_U
			25.55 15.55 15.55	ಘ
tive date, if other than the date of filing:		(op	tional)	200
flective date is listed, the date must be specific and canno	ot be prior to date of filing	or more than 90 days at	ter filing:) Bursus	ini (10 60
f If the date inserted in this block does not meet the ment's effective date on the Department of State's	records.	tining requirements, t	nis dake win no	и, ре на Эл У
			ا د <u>ز</u>	<i>'</i>
ecord specifies a delayed effective date,	but not an effect	ive time, at 12:01	a.m. on th	e earl
e 90th day after the record is filed.		·		
17/2/18	·			
Maran Signature of a member				
_ wavavtit				
Signature of a member	er or authorized represen	tative of a member		