

L19000184509

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

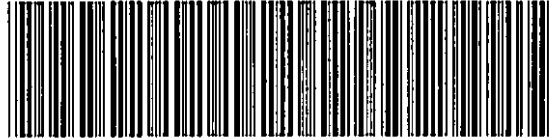
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700363603487

RECEIVED

APR 12 2021

2021 JUN 14 AM 7:26

O SIMMONS  
JUN 22 2021



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

2021 JUN 14 PM 1:27

May 26, 2021

SAMANTHA CARTINA  
8599 A C SKINNER PKWY, UNIT 2308  
JACKSONVILLE, FL 32256

SUBJECT: SAMANTHA CARTINA RD LLC  
Ref. Number: L19000184509

We have received your document for SAMANTHA CARTINA RD LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6842.

Deborah Bruce  
Corporate Records Supervisor II

Letter Number: 321A00011401

TO: Registration Section  
Division of Corporations

Samantha Cartina, RD, LLC

SUBJECT: \_\_\_\_\_  
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:

Samantha Cartina

\_\_\_\_\_  
Name of Person

Samantha Cartina RD, LLC

\_\_\_\_\_  
Firm/Company

8599 A C Skinner Pkwy Unit 2308

\_\_\_\_\_  
Address

Jacksonville, FL 32256

\_\_\_\_\_  
City/State and Zip Code

sam@nourishliftrepeat.com

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

For further information concerning this matter, please call:

Samantha Cartina

815

341-3220

\_\_\_\_\_  
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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

TO  
ARTICLES OF ORGANIZATION  
OF

Samantha Cartina RD, LLC

2021 Jun 14 AM 7:26

(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 July 17, 2019 and assigned  
Florida document number L19000184509.

This amendment is submitted to amend the following:

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

Shaking the Tree Nutrition 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)**

**Enter new mailing address, if applicable:**

**(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:

New Registered Office Address:

*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**

By removing them you are removing:

MGR = Manager  
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	2021 JUN 14 AM 7: 26	<u>Type of Action</u>
<hr/>	<hr/>	<hr/>		<input type="checkbox"/> Add
		<hr/>		<input type="checkbox"/> Remove
		<hr/>		<input type="checkbox"/> Change
<hr/>	<hr/>	<hr/>		<input type="checkbox"/> Add
		<hr/>		<input type="checkbox"/> Remove
		<hr/>		<input type="checkbox"/> Change
<hr/>	<hr/>	<hr/>		<input type="checkbox"/> Add
		<hr/>		<input type="checkbox"/> Remove
		<hr/>		<input type="checkbox"/> Change
<hr/>	<hr/>	<hr/>		<input type="checkbox"/> Add
		<hr/>		<input type="checkbox"/> Remove
		<hr/>		<input type="checkbox"/> Change
<hr/>	<hr/>	<hr/>		<input type="checkbox"/> Add
		<hr/>		<input type="checkbox"/> Remove
		<hr/>		<input type="checkbox"/> Change
<hr/>	<hr/>	<hr/>		<input type="checkbox"/> Add
		<hr/>		<input type="checkbox"/> Remove
		<hr/>		<input type="checkbox"/> Change

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

2021 JUN 16 AM 7:26

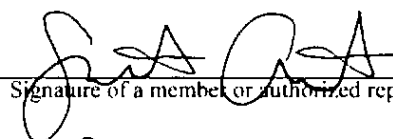
E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(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 6/9/21

  
Signature of a member or authorized representative of a member

Samantha Cartina  
Typed or printed name of signee