L19000 210 686

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(Address)			
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COVER LETTER

TO: Registration S Division of Co			
SUBJECT:	Treenseed (Organics LLC nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	C	arla L. Joseph	<u></u>
	(Greenseed Organic	<u>r</u>
	561	15 Coral Ridge 7. Address	Drive Suite 476
		Springs, FL 330	
	E-mail address: (to be used for future annual report notif	all. (om
For further information of	concerning this matter, please c	all:	
Carla	Joseph	at (954) 249- Area Code Daytime	3956
ivanic (A I CISOII	Area Code Daytime	: Telephone Number
Enclosed is a check for t	he 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

Greenseed (
(<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 Florida document number <u>L1900210686</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
Zula Essentials LLC	
The new name must be distinguishable and contain the words "Limited Liabi	
Enter new principal offices address, if applicable: <u>Principal office address MUST BE A STREET ADDRESS</u>	5645 Coral Ridge Drive Suite 476 Coral Springs, FL 33076
Enter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE BOX</u>)	5645 Coral Ridge Drive Suite 476 Coral Springs, FL 33076
3. If amending the registered agent and/or registered of egistered agent and/or the new registered office address here	fice address on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address: 56	45 Coral ridge Drive, Suite 476 Enter Florida street address
Coral	Springs Florida 33076

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 = A	uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Carla Joseph	5645 Coral Ridge Drive	Suite 476
		Coral Springs, FL 33076	
			Change
AMBR	Mc Ashley Joseph	5645 Coral ridge Orive Suite	176 Add
		Coral Springs, FL 3307	16 □ Remove
			Change
·			
			□ Remove
			Change
			Remove
			Change
			O Add
			□ Remove
			Change
		 	
			□ Remove
			□ Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
,	
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-	
(If an eff	ive date, if other than the date of filing:
the red	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	September 20. 2019
	Signature of a member or authorized representative of a member
	Carla Joseph Typed or printed name of signee

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Filing Fee: \$25.00