

L2 00000 10309

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

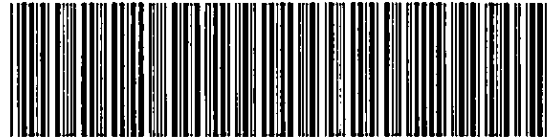
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2020 MAY 12 AM 11:34

FILED

C. GOLDEN

MAY 18 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HOLY HERBS 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:

CLEUSSIENE DA CUNHA MENDONCA

Name of Person

HOLY HERBS LLC

Firm/Company

8955 LOOKOUT POINTE DR

Address

WINDERMERE FL 34786

City/State and Zip Code

JULIANAMGAVIAO@HOTMAIL.COM

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

For further information concerning this matter, please call:

JULIANA KARFITSAS

321 4365110
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

2020/11/12 10:27



2020 APR 23 11:09

FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 23, 2020

JULIANA KARFITSAS ***2ND MAILING***
7892 KINGSPONTE PARKWAY
SUITE 205
ORLANDO, FL 32819

SUBJECT: HOLY HERBS LLC
Ref. Number: L20000010309

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." The abbreviations "Ltd." and "Co.," also are no longer acceptable. Please amend your document accordingly.

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) 245-6050.

Claretha Golden
Regulatory Specialist II

Letter Number: 220A00007135



2020 APR 17 PM 4:53

FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 1, 2020

CLEUSSIENE DA CUNHA MENDONCA
6955 LOOKOUT POINTE DRIVE
WINDERMERE, FL 34786

SUBJECT: HOLY HERBS LLC
Ref. Number: L20000010309

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." The abbreviations "Ltd." and "Co.," also are no longer acceptable. Please amend your document accordingly.

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) 245-6050.

Claretha Golden
Regulatory Specialist II

Letter Number: 220A00007135

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

HOLY HERBS LLC

20201112 AM 11:34

(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 01/03/2020 and assigned
Florida document number L20000010309.

This amendment is submitted to amend the following:

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

AMAZONIA HILTON HERBS 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)

8955 LOOKOUT POINTE DR

WINDERMERE FL 34786

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

8955 LOOKOUT POINTE DR

WINDERMERE FL 34786

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: SAME

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

[illegible]

CHANGE NAME, AND ADDRESS

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.

Dated APRIL 7 2020

CLEUSSIENE DA CUNHA MENDONÇA

Typed or printed name of signee