

L20000011707

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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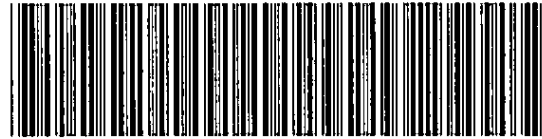
(Business Entity Name)

(Document Number)

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2021 FEB -3 PM 3:15  
SECRETARY OF STATE  
TALLAHASSEE, FL

3/22/21

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Floral Designs by Kari, 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:

Kari Hartley

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

Floral Designs by Kari

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

12520 Eagles Claw Ln

\_\_\_\_\_  
Address

Jacksonville, Florida 32225

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

soultulstemsbysk@gmail.com

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

For further information concerning this matter, please call:

Kari Hartley

904 7070609  
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

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 210

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

**FILED**

2021 FEB -3 PM 3: 15

Floral Designs by Kari ; LLC

SECRETARY OF STATE  
TALLAHASSEE, FL

(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 01-06-2020 and assigned  
Florida document number 120000011707

This amendment is submitted to amend the following:

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

Soulful Stems by S & K, 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 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	Sarah McClennon	3855 Hammock Bluff Rd	<input checked="" type="checkbox"/> Add
		Jacksonville, Florida 32226	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Gary Hartley	12520 Eagles Claw Ln	<input checked="" type="checkbox"/> Add
		Jacksonville, Florida 32225	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Brandon McClennon	3855 Hammock Bluff Rd	<input checked="" type="checkbox"/> Add
		Jacksonville, Florida 32226	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Kari Hartley	12520 Eagles Claw Ln	<input checked="" type="checkbox"/> Add
		Jacksonville, Florida 32225	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

[illegible]

(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)

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.

2021

2021  
\_\_\_\_\_, \_\_\_\_\_  


Kari Hartley

Typed or printed name of signee