

L20 0000024293

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

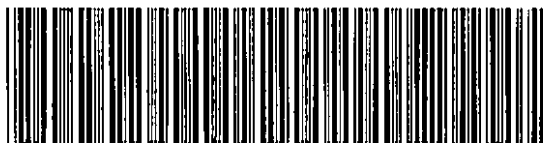
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2021 OCT 18 AM 11:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LCC

[Handwritten signature]
LCC

11/13/21

DC



FLORIDA DEPARTMENT OF STATE
Division of Corporations

2021 OCT 18 PM 3:01

August 21, 2021

APRIL HEATH
EARTH'S GODDESS HOLISTICS LLC
1032 NW 10TH AVE, BAY A 16-17
FORT LAUDERDALE, FL 33311

SUBJECT: EARTH'S GODDESS HOLISTICS LLC
Ref. Number: L20000024293

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):

PAGE 2 OF THE DOCUMENT WAS NOT INCLUDED IN YOUR DOCUMENT. ATTACHED IS A BLANK PAGE 2 FOR YOU TO COMPLETE OR SEND BACK IN BLANK AS WE MUST HAVE ALL 3 PAGES OF THE DOCUMENT TO PROCESS YOUR FILING.

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.

Darlene Connell
Regulatory Specialist II Supervisor

Letter Number: 021A00020093



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

2021 JUN -1 PM 3:13

OFFICE OF THE
TALLAHASSEE

January 29, 2021

APRIL HEATH
EARTH'S GODDESS HOLISTICS LLC
1032 NW 10TH AVE, BAY A 16-17
FORT LAUDERDALE, FL 33311

SUBJECT: EARTH'S GODDESS HOLISTICS LLC
Ref. Number: L20000024293

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 form you submitted is for a FOREIGN LIMITED LIABILITY COMPANY, but your entity is a FLORIDA LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

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.

Susan Tallent
Regulatory Specialist II

Letter Number: 921A00002114

*Missing
pg. 3*

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EARTH'S Goddess Holistics 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:

APRIL HEATH
Name of Person
EARTH'S Goddess Holistics LLC
Firm/Company
1032 NW 10th AVE
Address
FORT LAUDERDALE, FL 33311
City/State and Zip Code
AHEATH954@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

APRIL HEATH at (561) 509-4858
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

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

Earth's Goddess Holistics LLC

(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 01/16/2020 and assigned
Florida document number L20000024293

This amendment is submitted to amend the following:

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

Earth's Goddess Holistics & Juicebar 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)

FILED
2021 OCT 18 AM 11:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

[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.

Dated 05/29/2021, _____

~~2 Hall~~

Signature of a member or authorized representative of a member

APRIL Health

Typed or printed name of signee