

L20000 152214

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

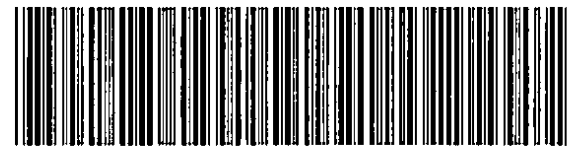
(Business Entity Name)

(Document Number)

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JUL 23 2020

STATE OF CALIFORNIA  
DEPARTMENT OF STATE  
CLERK OF THE SUPERIOR COURT

2020 JUL 23 AM 7:14

FILED

SEP 10 2020

S. YOUNG

# COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: SAID'S 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:

**RICHELLE M WASHINGTON**

Name of Person

Firm/Company

490 NW 88 TERRACE

Address

EL PORTAL, FL, 33150

City/State and Zip Code

saidisherbs@gmail.com

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

For further information concerning this matter, please call:

**RICHELLE M WASHINGTON**

786 217-7588

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**

SAID'S HERBS 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 JUNE 4, 2020

Florida document number 120000152214

This amendment is submitted to amend the following:

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

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:**

3479 NE 163rd St #1058 North Miami Beach, FL 33160

*(Principal office address MUST BE A STREET ADDRESS)*

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

3479 NE 163rd St #1058 North Miami Beach, FL 33160

*(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:

Registered Agents Inc.

New Registered Office Address:

7901 4th St N STE 300

*Enter Florida street address*

St. Petersburg

Florida 33702

*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.*



Bill Hume  
*Changing Registered Agent, Signature of New Registered Agent*

**FILED**  
2020 JUL 23 AM 7:14  
STATE OF FLORIDA  
DEPARTMENT OF REVENUE  
TALLAHASSEE, FLORIDA

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>
AMBR	RICHELLE WASHINGTON		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
		490 NW 88 TERRACE	<input type="checkbox"/> Add
		EL PORTAL, FL, 33150 US	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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

ARTICLE III : WELLNESS PRODUCTS FOR COMMUNITY AND THERE OF

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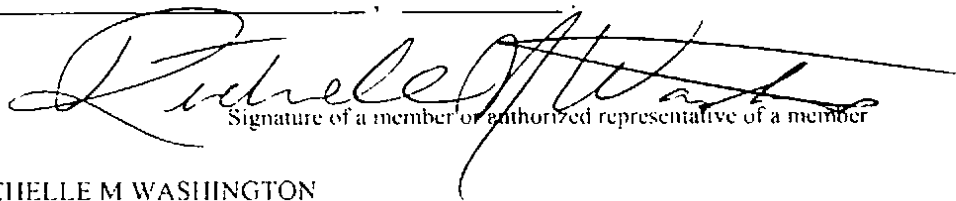
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**E. Effective date, if other than the date of filing:** AUGUST 1, 2020 **(optional)**  
*(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)*  
**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 JULY 15, 2020



Signature of a member or authorized representative of a member

RICHIELLE M WASHINGTON

Typed or printed name of signee