

LZ0 000 154594

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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2021 FEB 19 P 3 26

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JUL 13 2020

LLC  
Affend.

02/22/21  
DC



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 22, 2020

DEWAYNE EDWARD COKER  
HERB LYFE LLC  
PO BOX 172844  
TAMPA, FL 33672

SUBJECT: HERB LYFE LLC  
Ref. Number: L20000154594

We have received your document for HERB LYFE LLC and your check(s) totaling \$61.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a LIMITED PARTNERSHIP, but your entity is a LLC. 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.

Shelia H Young  
Regulatory Specialist II

Letter Number: 920A00016072

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Herb LyFe 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:

Carlos Tramontana  
Name of Person

Herb lyFe LLC DBA Yerb Labs  
Firm/Company

501 S. Falkenberg Rd.  
Address  
UNIT A-4

Tampa, FL 33619  
City/State and Zip Code

Yerblabs@gmail.com + info@yerb-labs.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Carlos Tramontana at (813) 830-8998  
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

TO  
ARTICLES OF ORGANIZATION  
OF

Herb 1yfe LLC

(Name of the Limited Liability Company as it now appears on our records.  
(A Florida Limited Liability Company)

FILED

The Articles of Organization for this Limited Liability Company were filed on June 11, 2020 and assigned  
Florida document number L20000154594.

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 "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

1075 Evers St  
Plant City, FL 33563

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

501 S. Falkenberg Rd.  
UNIT A-4  
Tampa, FL 33619

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:

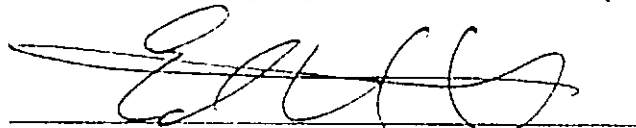
Dewayne Edward Gohar

New Registered Office Address:

501 S. Falkenberg Rd.  
UNIT A-4  
Tampa, Florida 33619  
Enter Florida street address.  
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

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>
<u>AP</u>	<u>Elizabeth Simon</u>	<u>3607 West Platt St.</u>	<input type="checkbox"/> Add
		<u>Tampa, FL 33609</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>AMBR</u>	<u>Dewayne Edward Coker</u>	<u>3229 Grassglen Place</u>	<input checked="" type="checkbox"/> Add
		<u>Wesley Chapel, FL 33594</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

**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 2/19/2021

  
Signature of a member or authorized representative of a member

Elizabeth Simon Dewayne E. Coker  
Typed or printed name of signer

**Filing Fee: \$25.00**