

L20000 237539

(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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08/31/20--01010--024 **25.00

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2020 AUG 31 PM 4:43

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PLANT LIFE LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

JUSTIN BASIL

Name of Person

PLANT LIFE LLC

Firm/Company

1918 W CASS ST

Address

TAMPA FL 33606

City/State and Zip Code

JUSTIN@ROCWELLINVESTMENTS.COM

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

For further information concerning this matter, please call:

CODY _____ 813 251-0544
_____ at (_____) _____
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

PLANT LIFE LLC

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

FILED
2020 AUG 31 PM 4:43
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 8/6/20 and assigned
Florida document number 120000237539.

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:

(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: ROCWELL INVESTMENTS, LLC

New Registered Office Address: 1918 W CASS ST

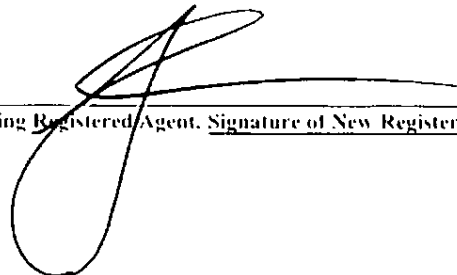
Enter Florida street address

TAMPA, Florida 33606
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>
MGR	JUSTIN BASIL	1918 W CASS ST	<input type="checkbox"/> Add
		TAMPA FL 33609	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	LAUREN BASIL	1918 W CASS ST	<input type="checkbox"/> Add
		TAMPA FL 33606	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ROCWELL INVESTMENTS, LLC	1918 W CASS ST	<input checked="" type="checkbox"/> Add
		TAMPA FL 33606	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

2000 AUG 31 PM 4:43
SECURITY
TALLAHASSEE, FLORIDA

2020 AUG 31 PM 4:43
OFFICE OF THE ATTORNEY GENERAL
TALLAHASSEE, FLORIDA

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(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 AUGUST 27 2020

Signature of a member or authorized representative of a member

JUSTIN BASIL

Typed or printed name of signee

Filing Fee: \$25.00