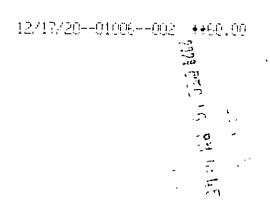
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	(Requestor's Name)
	(Address)
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	(City/State/Zip/Phone #)
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COVER LETTER

Registration Section
Division of Corporations

Tallahassee, FL 32314

vect: Herbal Artists LLC	
Name of Limited Liability Company	
nclosed Articles of Amendment and fee(s) are submitted for filing.	
e return all correspondence concerning this matter to the following:	
Nicholas S. Tarcia	
Herbal Artists LLC	
14() 49th St. South	.:
Address	<
St. Peterburg, F/ 53/0/	₹ .^
City/State and Zip Code Nicholas. Schiave to @ Gmail. Com E-mail address: (to be used for future annual report notification)	5-
irther information concerning this matter, please call:	
icholas. S. Garcia a1 (707) 294-3835	
Name of Person Area Code Daytime Telephone Number	
sed is a check for the following amount:	
25.00 Filing Fee Solution Solution Status Solution Status Solution	
Mailing Address: Street Address:	
Registration Section Registration Section	
Division of Corporations P.O. Box 6327 Division of Corporations The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Herbal Artist	-s LLC	5
(<u>Name of the Limited Liability Compar</u> (A Florida Limited L	iy as it now appears on o lability Company)	
Articles of Organization for this Limited Liability Company of the decument number 12000310034	were filed onlO_	1/09/2020 and assigned
amendment is submitted to amend the following:		
f amending name, <u>enter the new name of the limited liabi</u>	lity company here:	
ew name must be distinguishable and contain the words "Limited Liabili	ty Company," the designa	ition "LLC" or the abbreviation "L.L.C."
r new principal offices address, if applicable:	140 49	115 St South
cipal office address MUST BE A STREET ADDRESS)	St. Peter 33707	-sburg, F-1
r new mailing address, if applicable: ling address MAY BE A POST OFFICE BOX)		
f amending the registered agent and/or registered office a t and/or the new registered office address here:	ddress on our record	ls, <u>enter the name of the new reg</u> istere
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida str	reet address
		, Florida
Registered Agent's Signature, if changing Registered Agent:	City	Zip Code
reserve on the say a difference of it considered statement on the said		

of the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability

any has been notified in writing of this change.

mending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added emoved from our records:

GR = Manager IBR = Authorized Member

<u>le</u>	<u>Name</u>	Address	Type of Action
<u>GR</u>	Nicholas. S. Garria	140 49th St South	
		St. Petersburg, F/	
	. مسم	33707	Change
<u>UB</u> R	Boris Freidin	17405 Flatwoods Key Dr.	
		Tampa, F1	□Remove
			[] Change
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ti	ive date, if other than the date of filing:
ffi :	ective 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 605.020 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
n	ent's effective date on the Department of State's records.
	d 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 led.
1	December 16, 2020.
	Mot a Can
	Signature of a member or authorized representative of a member
	Wicholas. S. Garciu Typed or printed name of signee