

K20 000313821

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

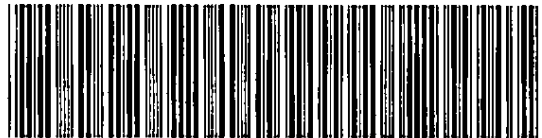
(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FL

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OCT 19 2021



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 2, 2021

VANESSA MIOT
422 NE 210 CIRCLE TER #203
MIAMI, FL 33179

SUBJECT: GOOD NATURED ROOTS LLC
Ref. Number: L20000313821

We have received your document for GOOD NATURED ROOTS LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6842.

Deborah Bruce
Corporate Records Supervisor II

Letter Number: 021A00023905

SECRETARY OF STATE
MAIL ROOM

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Good Natured Roots 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:

Vanessa Miot

Name of Person

Firm/Company

422 NE 210 circle Ter Apt # 203
Address

Miami, FL 33179

hello@GoodWateredRoots.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

N/A _____ at (_____) _____
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

SECRETARY OF THE
TALLAHASSEE

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Good Natural Roots LLC

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>
AMBR	Alicia Garcia	744 NW 39 Ave	<input type="checkbox"/> Add
		Dearfield Beach, FL 33442	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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75

(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.

Dated September 2, 2021

James J. Ford
Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Vanessa Miot

Typed or printed name of signee