

L21 000099815

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

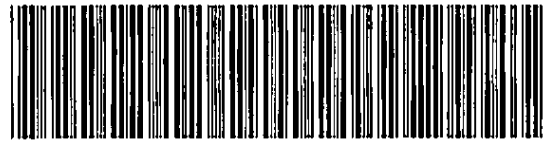
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SIMMONS  
JUN 14 2021

2022 JUN 10 PM 5:59



RECEIVED

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

JUN 10 AM 11:24

June 4, 2021

LESLIE MOSELEY-MORGAN  
12104 PARTRIDGE RUN DR  
LAKE WALES, FL 33859

SUBJECT: TURMERICAN GOLD LLC  
Ref. Number: L21000099815

We have received your document for TURMERICAN GOLD LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of the entity cannot include "CO." This word/abbreviation is readily associated with or is commonly used to denote another type of entity. Please amend your document throughout accordingly.

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.

Octavia L Simmons  
Regulatory Specialist II Supervisor

Letter Number: 821A00012123

*Thank you,  
I made the corrections!*

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Turmerican Gold 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:

Leslie Moseley-Morgan  
Name of Person

Turmerican Gold LLC  
Firm/Company

12104 Partridge Run Dr  
Address

Lake Wales, Florida 33859  
City/State and Zip Code

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

For further information concerning this matter, please call:

Leslie Moseley-Morgan at (843) 899-0848  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |  |  |   |
|---|--|--|---|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input checked="" type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

2021 JUL 10 PM 6:00

Turmeric Gold <sup>84mm</sup> 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 March 1, 2021 and assigned  
Florida document number L21000099815.

This amendment is submitted to amend the following:

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

Turmeric Gold Skin Co LLC <sup>84mm</sup> Source LLC

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:

New Registered Office Address:

*Enter Florida street address*

Florida

*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

2022 Jul 10 PM 6:00

| <u>Title</u> | <u>Name</u>                | <u>Address</u>         | <u>Type of Action</u>                      |
|--------------|----------------------------|------------------------|--|
| EO           | Stephanie Hemball          | 12104 Partridge Run Dr | <input type="checkbox"/> Add               |
|              |                            | Lake Wales, FL 33859   | <input checked="" type="checkbox"/> Remove |
|              |                            |                        | <input type="checkbox"/> Change            |
| EO           | Kenny Jackson              | 12104 Partridge Run Dr | <input type="checkbox"/> Add               |
|              |                            | Lake Wales, FL 33859   | <input checked="" type="checkbox"/> Remove |
|              |                            |                        | <input type="checkbox"/> Change            |
| CEO          | RASAN C. Morgan            | 12104 Partridge Run Dr | <input checked="" type="checkbox"/> Add    |
|              |                            | Lake Wales, FL 33859   | <input type="checkbox"/> Remove            |
|              |                            |                        | <input checked="" type="checkbox"/> Change |
| EO           | RASAN <sup>C.</sup> Morgan | 12104 Partridge Run Dr | <input type="checkbox"/> Add               |
|              |                            | Lake Wales, FL 33859   | <input checked="" type="checkbox"/> Remove |
|              |                            |                        | <input type="checkbox"/> Change            |
|              |                            |                        | <input type="checkbox"/> Add               |
|              |                            |                        | <input type="checkbox"/> Remove            |
|              |                            |                        | <input type="checkbox"/> Change            |
|              |                            |                        | <input type="checkbox"/> Add               |
|              |                            |                        | <input type="checkbox"/> Remove            |
|              |                            |                        | <input type="checkbox"/> Change            |

2022 JUN 10 PM 5:59

(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)

Dated March 29, 2021

Leslie Moeley Morgan  
Signature of a member or authorized representative of a

Signature of a member or authorized representative of a member

Leslie Moseley-Morgan

Typed or printed name of signee

**Filing Fee: \$25.00**