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COVER LETTER

TO:	Registration Sec Division of Corp	ction porations			
eun ie c		ERBS IMPEX LLC			
SUBJEC	. l ;	Name of Lim	ited Liability Company	-, · .	
The encle	osed Articles of A	Amendment and fee(s) are sub	mitted for filing.		
Please re	turn all correspor	ndence concerning this matter	to the following:		
		Corey Bray			
		<u> </u>	Name of Person		
		LegalNature LLC			
			Firm/Company		
		8 The Green, Suite 4336			
			Address		
		Dover, DE 19901			
			City/State and Zip Code		
		db476eade78e-formation@	support.legalnature.com to be used for future annual report notif	(ostion)	
For furth	er information co	oncerning this matter, please c		(Cation)	
Corey B	ray		888 881-1139		
	Name of	Person	at () Area Code Daytime	Telephone Number	(‡)
Enclosed	l is a check for th	e following amount:		.,	٠.
■ \$25 .	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	j

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SAVITA HERBS IMPEX LLC		
(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our records.) d Liability Company)	
The Articles of Organization for this Limited Liability Compar	ny were filed on 03/31/2021	and assigned
Florida document number L21000149964		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	ibility company here:	
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LLC" or the at	obreviation "L.IC."
Enter new principal offices address, if applicable:	1035 Country Club Drive Apt 104	
(Principal office address MUST BE A STREET ADDRESS)	Margate	
	FL 33063	
Enter new mailing address, if applicable:	1035 Country Club Drive Apt 104	
(Mailing address MAY BE A POST OFFICE BOX)	Margate	
	FL 33063	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the nam	e of the new registere
Name of New Registered Agent: N/A		
New Registered Office Address:		r\sqrt{3}
	Enter Florida street address	> 1
	Florida	≡ フ
	City	Zip Çade

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 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>titte</u>	Name	<u>Address</u>	Type of Action
AMBR	Savita Ranade	1035 Country Club Drive Apt 104	ÜAdd
		Margate	□Remove
		F1. 33063	■ Change
			□Add
			Remove
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			Α II:
Effective date, if other than the date If an effective date is listed, the date must be sp	pecific and cannot be prior to date of filin	g or more than 90 days after filing.) Put	rsuani 20 605.0207
Note: If the date inserted in this block d document's effective date on the Departs		y filing requirements, this date will	not be listed as t
e record specifies a delayed effective date rd is filed.	e, but not an effective time, at 12:01	a.m. on the earlier of: (b) The 90	th day after the
D. June 30	2021		
Dated			