L2100175285

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
_
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Consideration of the Company
Special Instructions to Filing Officer:

Office Use Only



000374816940



10/15/21--01001--020 **50.00

2021 OCT 14 PH 4: 1

RECEIVED

The state of the s

OCT 1.5 ZOZÍ I ALBRITTON

CORPORATE ACCESS, _

When you need ACCESS to the world

INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666, Fax (850) 222-1666

WALK IN

PIC	CK UP:	10/14 DAN	NY		
CERTIFIED COPY				·	
РНОТОСОРУ					
CUS					_
FILING	LLC	AMEND			
SMITH ORGANICS B	ONITA SP	RINGS, LLC			
CONFORATE NAME AND DOC	.UMENT#)				
CORPORATE NAME AND DOC	UMENT #)	 			<u> </u>
CORPORATE NAME AND DOC	UMENT #)				
CORDORATE NAME AND DOG	LIN ACTOR III				
TOKE OKATE NAME AND DOC	OMENI#)				
CORPORATE NAME AND DOC	UMENT #)				·
CORPORATE NAME AND DOCI	UMENT #)			, <u> </u>	
	PHOTOCOPY CUS FILING SMITH ORGANICS B CORPORATE NAME AND DOC CORPORATE NAME AND DOC	PHOTOCOPY CUS FILING LLC	PHOTOCOPY CUS FILING LLC AMEND SMITH ORGANICS BONITA SPRINGS, LLC CORPORATE NAME AND DOCUMENT #) CORPORATE NAME AND DOCUMENT #) CORPORATE NAME AND DOCUMENT #) CORPORATE NAME AND DOCUMENT #)	PHOTOCOPY CUS FILING LLC AMEND SMITH ORGANICS BONITA SPRINGS, LLC CORPORATE NAME AND DOCUMENT #) CORPORATE NAME AND DOCUMENT #) CORPORATE NAME AND DOCUMENT #) CORPORATE NAME AND DOCUMENT #)	CUS FILING LLC AMEND SMITH ORGANICS BONITA SPRINGS, LLC CORPORATE NAME AND DOCUMENT #) CORPORATE NAME AND DOCUMENT #) CORPORATE NAME AND DOCUMENT #) CORPORATE NAME AND DOCUMENT #)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Smith Organics Bonita Springs, 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 04/22/2021 and assigned Florida document number L21000175285 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: 990 1st Avenue S., Suite 202 (Principal office address MUST BE A STREET ADDRESS) Naples, FL 34102 990 1st Avenue S., Suite 202 Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) Naples, FL 34102 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

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 = M $AMBR = A$	lanager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Remove
			Change
			Remove
			Change
			□ Add
			□ Remove
			☐ Change
			Add
			□ Remove
			Change
			□ Remove
			Change
 .			Add
			Remove
			□ Change

				- - 		<u> </u>	
					-		
							
		_					
					_		
		<u>-</u>					
-				·	_ _	-	 _
_							
						<u> </u>	· · · -
			<u> </u>	-	 _		
							 _
<u></u>							
					<u></u>		<u> </u>
<u> </u>					_		
 -							
Effective	date, if other than	the date of fili	ng;			(optional)	
Note: If the	re date is listed, the date the date inserted in this is effective date on the	must be specific a s block does not	nd cannot be pr meet the app	ior to date of fil licable statuto	ing or more than 9		ursuant to 605.0207 (
document'	s effective date on the	: Department of	State's recon	ds.	ry ming require	nents, this date w	ill not be listed as t
ne record	l sposifies a dela						
The 90	l specifies a delay th day after the r	record is filed	date, but r I.	not an effec	tive time, at	12:01 a.m. or	the earlier of:
Dated	tober 14		2021				
		7/2	1	-7-			
		Signature of a	member or aut	horized repress	ntative of a mem		
				الاعامر المساحدة	mante of a memi	rc1	
	Jeff Novatt, Esq., Au				-10-Fa	1	

Page 3 of 3

Filing Fee: \$25.00