LZ1000175643

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COVER LETTER

TO: Registration Section Division of Corporations

- Tallahassee, FL 32314

ELEMENTUM ORGANICS LLC

SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspond	ondence concerning this matter	to the following:	
_	FRANCESCO G MONTO	POLI	
	ELEMENTUM ORGANIC	Name of Person CS LLC	
-	16263 SEGOVIA CIRCLE	Firm/Company	
-	FORT LAUDERDALE, F	Address L. 33331	
-	FrancescoMontopoli@gmai		
For further information of	E-mail address: (concerning this matter, please c	to be used for future annual report notifi all:	cation)
FRANCESCO G MONT	TOPOLI	954 790-2488	
Name o	of Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for t	he 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 Division of C P.O. Box 632	Section Corporations	Street Address: Registration Sec Division of Corp The Centre of Ta	porations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DEFENDING ON OWNERS FIX			LJ2779	
(Name of the Lim	ited Liability Com	pany as it now appears d Liability Company)		· (,
<u>-</u>				
The Articles of Organization for this Limited I lorida document number L21000175643	Liability Compa	ny were filed on API	RIL 15-2021	fi. and assigned
his amendment is submitted to amend the fol				
a. If amending name, enter the new name of	of the limited lia	ability company her	<u>re</u> :	
ABHA ORGANICS LLC			_	
he new name must be distinguishable and contain the	words "Limited Lia	bility Company," the de	signation "LLC" or the al	nhreviation "L.I. C."
Inter-new principal offices address, if appli		N/A		
Principal office address MUST BE A STRE	ET ADDRESS)		_	
-				
nter new mailing address, if applicable:		N/A		
Mailing address MAY BE A POST OFFICE	(BOX)			
				<u></u>
• 				
If amending the registered agent and/or	registered office	e address on our rec	cords, <u>enter the nam</u>	e of the new regist
gent and/or the new registered office addre	ss nere:			
	N/A			
Name of New Registered Agent:			<u> </u>	
New Registered Office Address:				
		Enter Florid	la street address	
-			- لىئىنىدا -	
		City	, Florida	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 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>	Address	Type of Action
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-			□Remove
-			Change
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ective date, if other to effective date is listed, the case inserted inserted inserted and its effective date.	date must be specific in this block does no	and cannot be pric ot meet the appli	cable statutory	or more than 90 filing requiren	(optional days after filing nents, this date	 Pursuant to 605.0
ord specities a delayed filed.	l effective date, but	not an effective	time, at 12:01 a	a.m. on the ear	ier of: (b) T	he 90th day after
JANUARY 14 d		2022	·			
	4					
- Francis	0 M	f a member or auth				