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## **COVER LETTER**

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SUBJECT		Plant Mamas LLC				
SUBJECT	·	Name of Limited Liability Company				
The enclos	sed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please retu	ırn all correspo	indence concerning this matter	to the following:			
	Rebecca Newman					
			Name of Person			
			Firm/Company			
		302 Rio Road				
			Address		**1	_
	Jacksomville, FL 32218					2022 Juj
			City/State and Zip Code	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ζ.	
		Rebeccalauren28@gmail.co			:	(A)
		E-mail address: (	to be used for future annual report no	otification)	,	. 7
For further	information c	oncerning this matter, please o	all;		;	70
Rebecca N	lewman		904 8688167		•	: 15
	Name o	f Person		me Telephone Number		
Enclosed is	s a check for th	ne following amount:				
□ \$25.00	Certificate of Status Certified Copy Certified Copy Certified Copy is enclosed) Certified Copy is enclosed)		Sectificate Certificate Certified C (additional co	of Status Copy		
	lailing Addres		Street Address:			
	egistration S		Registration S			
D	ivision of C	orporations	Division of Co	orporations		

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Caffeinated Plant Mamas LLC		
(Name of the Limited Liability Co (A Florida Lim	ompany as it now appears on our reco ited Liability Company)	rds.)
The Articles of Organization for this Limited Liability Comp Florida document number 86-3460581	and assigned	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
Vining Faith Plant Boutique LLC		
The new name must be distinguishable and contain the words "Limited I	iability Company," the designation "LI	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		7., 203
Principal office address MUST BE A STREET ADDRESS	5)	
		Ut 1
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		<u>;</u>
	w	਼ <i>ਹ</i> ਜ਼
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:  Name of New Registered Agent:	ice address on our records, <u>ente</u>	er the name of the new registere
New Registered Office Address:	Enter Florida street addr	ress
	. 1	Florida
	Ciry	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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AR	Christen Ballantyne	11407 Renne Drive, Jacksonville FL 32218	□Add
			■Remove
			□Change
			□Add
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ective date, if other than the date of filing:  effective date is listed, the date must be specific and cannot be prior to date of filing or more that  e: If the date inserted in this block does not meet the applicable statutory filing requirement's effective date on the Department of State's records.		iling.) Pursu	
record specifies a delayed effective date, but not an effective time,	at 12:01 a.	m. on th	e earlier
he 90th day after the record is filed.			
he 90th day after the record is filed.  ed July 21, 2012.  Relucca Newman			

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