

h21000232472

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

[Signature]



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08/08/22--01042--007 **30.00

22 AUG -8 AM 9:07

RECEIVED
DIVISION OF CONSUMER AFFAIRS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Nourished In Nature LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing

Please return all correspondence concerning this matter to the following

Roxmar Samuels

Name of Person

Name of Company

3810 NW 27th CT

Address

Lauderdale Lakes, FL 33311

City, State and Zip Code

Iamessence11@gmail.com

E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call

Roxmar Samuels

Name of Person

at

754

Area Code

214 4304

Daytime Telephone Number

Enclosed is a check for the 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 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

22 AUG - 8 AM 9:07

STATE OF FLORIDA
DIVISION OF CORPORATIONS

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Nourished In Nature LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

22 AUG - 8 AM 9:07

STATE OF FLORIDA
DIVISION OF CORPORATION

The Articles of Organization for this Limited Liability Company were filed on May 19 2024 and assigned
Florida document number L21000232472

This amendment is submitted to amend the following:

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

I Am Essence 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)

3810 NW 27th CT
LAUDERDALE LAKES
FLORIDA 33311

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

N/A

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:

Roxmar Samuels

New Registered Office Address:

3810 NW 27th CT

Enter Florida street address

Lauderdale Lakes Florida 33311
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.

Roxmar Samuels

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	Proxma Samuel		<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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22 AUG 8 AM 9:07
DIVISION OF INFORMATION

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

22 AUG -8 AM 9:07

Division of Communications

E. Effective date, if other than the date of filing: _____ (optional)

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated August 1, 2022


signature of a member

Signature of a member or authorized representative of a member

Roxmar Samuels

Typed or printed name of signee

Filing Fee: \$25.00

Florida

DRIVER LICENSE



46 DLA **S542-738-84-830-1** **CLASS E**

1 **SAMUELS**
2 **ROXMAR TENNA**
3 **43610 NW 27TH CT**
4 **LAUDERDALE LAKES FL 33311-1886**

5 DOB **09/10/1984** ISSUED **F**
6 EXP **09/10/2029** HEIGHT **5-05"**
7 REST NONE 8 END NONE

SAFE DRIVER
9 US **05/24/2021**
10 EOC **0012285108458**
11 REPLACES **05/16/2022**



Operation of a motor vehicle constitutes
consent to any safety test required by law