

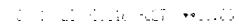
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(Re	questor's Name)	
(Ad	dress)	. <u></u>
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(Cit	y/State/Zip/Phone	e #)
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(Do	cument Number)	
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R. HUNT C4//3/2]

COVER LETTER

TO:

TO:	Registration Se Division of Cor		•	
SUBJE	ст: <u>ALI</u>	CI EXCLUSIV Name of Lim	F DESTENS LL ited Liability Company	<u>.c</u>
The enc	losed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please 1	eturn all correspo	ndence concerning this matter	to the following:	
		Dawn Re	dden Name of Person	· · · · · · · · · · · · · · · · · · ·
		AliciExcl	USIVE DESIGNS L	<u>le</u>
		10401 WI	LL ARK WAY	
		TAMPA F	33647 City/State and Zip Code	
		Dawn Tedden E-mail address: (- Ian @ 9 hail conto be used for futility annual report nouting	ecation) SSC PH
For fur	her information c	oncerning this matter, please ca	all:	All ASSEE, FL
D	Same o	edden	at (<u>\$13</u>) <u>335-3</u> (Area Code Daytime	Li)
	. tanke o		,	'
Enclose	ed is a check for th	ne following amount:		
□ \$2 5	5.00 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 S		Street Address: Registration Sec	tion
	Division of C		Division of Corp	
	P.O. Box 632	.7	The Centre of Ta	
	Tallahassee,	FL 32314	2415 N. Monroe	Street, Suite 810

Tallahassee, FL 32303

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

(Name of the Limited Liability (A Florid	ity Company as it now appears on a Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liability C		$\sqrt{29/2021}$ and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim Seeds of Abundance ENTE The new name must be distinguishable and contain the words "Lin		
Enter new principal offices address, if applicable:)
(Principal office address MUST BE A STREET ADDI	RESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		D PP U
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	d office address on our reco	rds, <u>enter the name of the new registered</u>
Name of New Registered Agent:	·····	
New Registered Office Address:	Enter Florida .	street address
		, Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registere	ed 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>	Name	Address	Type of Action
			□Remove
			☐ Change
			□Add Remove
			SS Dange
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			Change
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			<u>-</u> -
Tective date, if other than the date of filing:		(optional)	
an effective date is listed, the date must be specific and cannot be prior to do to the date inserted in this block does not meet the applicable	ate of filing or more than 90 statutory filing requirer	days after filing.) Pur	suant to 605.020 not be listed a
ocument's effective date on the Department of State's records.	, , ,		
	. 12.01	r da m. oo	d. J
record specifies a delayed effective date, but not an effective time,	at 12:01 a.m. on the ear	ner or. (b) The 90	in day after the
is filed.			
1 ,			
ated $\frac{4/10}{2023}$.			
1 ,			

Filing Fee: \$25.00