K21 CCC 305221

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





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COVER LETTER

Division of Corp	porations		
SUBJECT: My	& Biblical . Name of Lim	<u>Harden and 7,</u> ited Liability Company	Pursery LLC
The enclosed Articles of A	Amendment and fec(s) are sub	mitted for filing.	
Please return all correspor	ndence concerning this matter	to the following:	
		M Kerr Name of Person Fal Harden LA Firm/Company	L.C.
	601 North	Ashly 104.	<u>Stē 110</u> 0-3079
	Tampa, F.	L. 33602 City/State and Zip Code	
	Contactus E-mail address: (a mybiblical gare to be used for future annual report noti	<u>denandoursery com</u>
For further information ed	oncerning this matter, please ca		
Sharon M Name of	Kekr	at (<u>\$63</u>) <u>229</u> Area Code Daytim	s 6 4 4 8 ce Telephone Number
Enclosed is a check for the	e 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 S		Street Address:	ction

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MY BIBLICAL GARI	DEN AND NURSERY LLC	
(<u>Name of the Limited Liat</u> (A Flor	pility Company as it now appears on o ida Limited Liability Company)	ur records.)
ne Articles of Organization for this Limited Liability orida document number 1.21000305221		
is amendment is submitted to amend the following:		
If amending name, enter the new name of the li	mited liability company here:	
MY BIBLICAL GARDEN LLC		
e new name must be distinguishable and contain the words "I.	imited Liability Company," the designat	tion "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:	N/A	·
<u>rincipal office address MUST BE A STREET ADI</u>	DRESS)	
iter new mailing address, if applicable:	N/A	-17 6-7
ailing address MAY BE A POST OFFICE BOX)		1
If amending the registered agent and/or registe ent and/or the new registered office address here	red office address on our record	
Name of New Registered Agent: N/A	\	
New Registered Office Address:	Enter Florida str	eet address
		Florida
	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.

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 601 North Ashley DR	Type of Action
MGR	SHARON MKERR	Address 601 North Ashley DR. Tampa, 7L.33602	Aidd
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	t be specific and cannot be prior to date of filing ock does not meet the applicable statutory	(optional) g or more than 90 days after filing.) Pursuant to 605.03 filing requirements, this date will not be listed
ord specifies a delayed effectiv filed.	e date, but not an effective time, at 12:01 a	a.m. on the earlier of: (b) The 90th day after t
AUGUST 30	2021	
4	,	
Sharon	M Kerr Signature of a member or authorized represen	