

L21 0000 319033

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

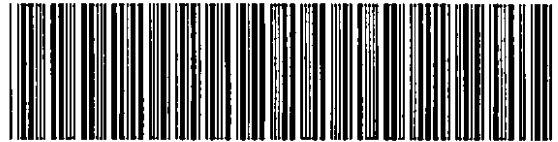
(Business Entity Name)

(Document Number)

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06/13/22--01017--014 **55.00

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2022 JUN 13 PM 12:54

Sec. of State
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Organic Goddess, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Ava Magee
Name of Person

Organic Goddess, LLC
Firm/Company

P.O. Box 1058
Address

Eustis, FL 32727
City/State and Zip Code

organicgoddessseamassage@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ava Magee at (352) 801-5596
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input checked="" type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED

2022 JUN 13 PM 12:54

Organic Goddess, LLC

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

SHIRLEY B. BROWN
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 7/13/2021 and assigned
Florida document number L21000319033

This amendment is submitted to amend the following:

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

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)

312 DELAWARE AVE
DELAND, FL 32720

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

P.O. Box 1058
Eustis, FL 32727

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:

James Magee

New Registered Office Address:

312 DELAWARE AVE

Enter Florida street address

DELAND

City

Florida

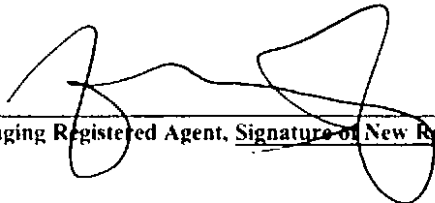
Zip Code

32720

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>	<u>Address</u>	<u>Type of Action</u>
<u>MBR</u>	<u>James Magee</u>	<u>P.O. Box 1058</u>	<input type="checkbox"/> Add
		<u>ELSTON, FL 32727</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>MBR</u>	<u>Ava Magee</u>	<u>P.O. Box 1058</u>	<input checked="" type="checkbox"/> Add
		<u>ELSTON, FL 32727</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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2022 JUN 13 PM 12:54
STATION: 013000
TALLAHASSEE FL

2022 JUN 13 PM 12:54
STANDARD TIME
TALLAHASSEE FL

44

(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.

Dated May 28, 2022

Signature of a member or authorized representative of a member

Ana Maria

Typed or printed name of signee

Filing Fee: \$25.00