

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

# LA1000337443

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : S.LLANIO BUSINESS SERVICES INC  
Account Number : 120200000011  
Phone : (239)542-9104  
Fax Number : (239)540-1760

2022 OCT 24 PM 4:03  
SECRETARY OF STATE  
TALLAHASSEE, FL

FILED

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: S.Llanio business@gmail.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
SISTER MOON APOTHECARY AND MORE LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

C. BRUMBLEY

OCT 25 2022

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

SISTER MOON APOTHECARY AND MORE LLC

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

FILED  
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TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 07/19/2021 and assigned  
Florida document number L21000327443

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)

1530 SE 16<sup>th</sup> PLACE #4  
CAPE CORAL FL 33910.

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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: RAMSEY, MISTY N

New Registered Office Address: 3511 SOUTH ROAD

*Enter Florida street address*

NORTH FORT MYERS, Florida 39917

*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.*

x Misty Ramsey  
If Changing Registered Agent, Signature of New Registered Agent

2084

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	MARSHALL-FOEDERER, SHEL	2232 NW 9TH TER	<input type="checkbox"/> Add
		CAPE CORAL FL 33993	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

3884

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

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There is no text or other markings on the paper.

E. Effective date, if other than the date of filing: 09/21/2022 (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 09/21/2022

X Misty Ramsey  
Signature of a member or authorized

Signature of a member or authorized representative of a member

RAMSEY, MISTY N

Typed or printed name of signer:

4064