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S. PRATHER

COVER LETTER

Registration Section Division of Corporations

TO:

Name of Limi	ited Liability Company	
nendment and fee(s) are sub-	mitted for filing.	
	-	
Robert S. Morse		
	Name of Person	
Dr. Morse's Botanical Con	npany, LLC	
	Firm/Company	
16094 Galena Ave.		
	Address	
Port Charlotte, FL 33953		
•	City/State and Zip Code	
admin@drmdcas.com		
E-mail address: (to be used for future annual report notif	ication)
cerning this matter, please ca	all:	
	at ()	Telephone Number
Name of Person		Telephone Number
following amount:		
☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
ection rporations	Street Address: Registration Sec Division of Corp The Centre of T	porations allahassee
· ·	Person Robert S. Morse Dr. Morse's Botanical Com 16094 Galena Ave. Port Charlotte, FL 33953 admin@drmdcas.com E-mail address: (incerning this matter, please can be called a compared to the compared to	Name of Person Dr. Morse's Botanical Company. LLC Firm/Company 16094 Galena Ave. Address Port Charlotte, FL 33953 City/State and Zip Code admin@drindcas.com E-mail address: (to be used for future annual report notification of the cerning this matter, please call: Person at () Area Code Daytime Tollowing amount: S30.00 Filing Fee & Certified Copy (additional copy is enclosed) Street Address: Registration Section reporations Street Address: Registration Section The Centre of T

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OF	OM WEST TO:)22
<u>. </u>			<u> </u>	70F 30F
Dr. Morse's Botanical Company, LLC			SSE	
(Name of the Limited Liability Company (A Florida Limited Liab	as it now appears on our ility Company)	r records.)	<u></u>	•
		121	and assigne	8 24 24
The Articles of Organization for this Limited Liability Company we	re filed on July 22, 20)21	and assigno □ (⊤.	<u>교</u>
Florida document number <u>L21000333332</u>			<i>></i>	0
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liability	y company here:			
Dr. Morse's Holdings, LLC				
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation	on "LLC" or the abbrevi	ation "L.L.C.	
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)		<u>.</u>		
-				
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
-				
B. If amending the registered agent and/or registered office add agent and/or the new registered office address here:	ress on our records	enter the name of	the new re	gistered
Name of New Registered Agent:				
New Registered Office Address:	Enter Florida streo	et address		
		Florida		
	City	Florida 	ip Code	
New Registered Agent's Signature, if changing Registered Agent:				
I hereby accept the appointment as registered agent and agree	to act in this capaci	ty. I further agree t	o comply i	with the
provisions of all statutes relative to the proper and complete pe	rformance of my du	ties, and I am famil	liar with a	nd
accept the obligations of my position as registered agent as pro being filed to merely reflect a change in the registered office ad				nt is

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

Title	<u>Name</u>	Address	Type of Action
			□Add
			Remove
			□ Change
			□Add
			□Remove
			□Change
			□Add
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an effective date Note: If the da	is listed, the da te inserted in t	n the date of it ite must be specifi- his block does the Department	ie and cannot l пот meet th e	be prior to date o applicable sta	f filing or mor	e than 90 days	optional) after filing.) P , this date w	ursuant to 60;	5.020 ted a
record specific d is filed.	s a delayed ef	Yective date, bu	t not an effe	ctive time, at 1	2:01 a.m. or	the earlier o	f; (b) The S	Oth day afte	er the
	4-21-2	> 2	- -/-	- / -				ÄLL	2022
ated				I					1 7.3
Pated		Signature	of a member of	or authorized re	oresentative o	f a member		ABASSE	2022 JUL 26

Filing Fee: \$25.00