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2023 MAY 22 PM 4:06  
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## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Sow A Seed Health & Wellness, 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:

Regina E. Moran

Name of Person

Sow A Seed Health & Wellness, LLC

Firm/Company

1283 Windsor Harbor Dr.

Address

Jacksonville, FL 32225

City/State and Zip Code

gina.moran01@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Regina E. Moran

904 614-0713  
at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

Sow A Seed Health & Wellness, LLC

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

The Articles of Organization for this Limited Liability Company were filed on 03/06/23 and assigned  
Florida document number L21000379642.

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)**

**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:

Regina E. Moran

New Registered Office Address:

Enter Florida street address

City

, Florida

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.*

  
Regina C. Moran  
If Changing Registered Agent, Signature of New Registered Agent

**MGR = Manager**  
**AMBR = Authorized Member**

**AMBR = Authorized Member**

Category	Item	Value	Unit	Change
Category 1	Item 1.1	100	kg	<input type="checkbox"/> Add
	Item 1.2	200	kg	<input type="checkbox"/> Remove
	Item 1.3	300	kg	<input type="checkbox"/> Change
Category 2	Item 2.1	400	kg	<input type="checkbox"/> Add
	Item 2.2	500	kg	<input type="checkbox"/> Remove
	Item 2.3	600	kg	<input type="checkbox"/> Change
Category 3	Item 3.1	700	kg	<input type="checkbox"/> Add
	Item 3.2	800	kg	<input type="checkbox"/> Remove
	Item 3.3	900	kg	<input type="checkbox"/> Change
Category 4	Item 4.1	1000	kg	<input type="checkbox"/> Add
	Item 4.2	1100	kg	<input type="checkbox"/> Remove
	Item 4.3	1200	kg	<input type="checkbox"/> Change
Category 5	Item 5.1	1300	kg	<input type="checkbox"/> Add
	Item 5.2	1400	kg	<input type="checkbox"/> Remove
	Item 5.3	1500	kg	<input type="checkbox"/> Change

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

Name change - change name from Gina E. Moran to Regina E. Moran

2023 MAY 19 PM 1:05  
RECEIVED  
FBI

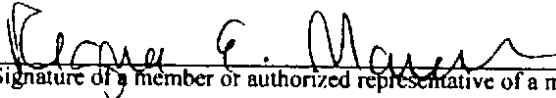
**E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)**

(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 May 19, 2023

  
Signature of a member or authorized representative of a member

Regina E. Moran

Typed or printed name of signee