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(R	equestor's Name)
(A	ddress)
(A	ddress)
(C	ity/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(B	usiness Entity Name)
(D	ocument Number)
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COVER LETTER

TO: * Registration Section Division of Corporation			
SUBJECT:	M Other Name of Limi	EURTH YOGA L	<u>::</u> :
The enclosed Articles of An	nendment and fee(s) are subr	nitted for filing.	
Please return all corresponde	ence concerning this matter t	to the following:	
	Nicola	C Romero Name of Person	
	Rosema	y and Aloe Firm/Company	tlerbs
	15171	74th Ave D	<u> </u>
	Palm P	Seach Gardens City/State and Zip Code	FL 33418
	E-mail address: (t	5 May 20 4Ma to be used for future annual proport notific	ation)
For further information con-	cerning this matter, please ca	ıll:	
Name of Po		at (56) 917 Area Code Daytime	- 9174 Telephone Number
Enclosed is a check for the	following amount:		
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	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

OI.	•
(Name of the Limited Liability Companial Compa	th 106A LLC y as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company w Florida document number 1202584	vere filed on and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability LOSC MUY UNC A The new name must be distinguishable and contain the words "Limited Liability	oe Herbs L.L.C.
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	Palm Beach Griens FL 23418
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office adagent and/or the new registered office address here:	dress on our records, enter the name of the new registered
The state of the s	•
Name of New Registered Agent:	k Ronero
New Registered Office Address: 51	71 74 ^M AVE M
Palm Be	ach GArdens, Florida 33418 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 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	Type of Action
Hunce	Nicole Romero	15171 74° Ave 0	CVAdd
M6R		15171 74h Ave M Palm Beach Gardens F Florida 33418	□Remove
		Florida 33418	□ Change
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ote: If t	he date inserted in this bl	date of filing: G	1	(optional) Odays after filing.) Pursuant to ements, this date will not be I	505.020
xument'	's effective date on the D	epartment of State's records.	one statutory tring require	ements, this date will not be I	isted a
ecord sp	ecifies a delayed effectiv	e date, but not an effective tir	ne, at 12:01 a.m. on the ea	urlier of: (b) The 90th day at	fter the
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	·	Signature of a plember or author	Rueno		
	·	Signature of a plember or author	ized representative of a mem RUMEN name of signee	ber	