

L22000420842

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

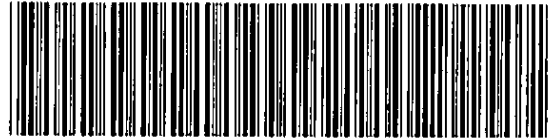
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

J. HORNE
APR 14 2023

Office Use Only



200406284792

SECRET
FALL 2023

2023 APR 14 AM 11:18

RECEIVED

04/14/23--01001--016 **3.00

ALLAHASSE

2023 APR 14 AM 11:15

RECEIVED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GERRY'S HERBS 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:

YUDY S. VASQUEZ VELEZ

Name of Person

GERRY'S HERBS LLC

Firm/Company

7901 4TH ST N STE 300

Address

ST. PETERSBURG, FL 33702

City/State and Zip Code

INFO@JCBSOLUTIONSINC.NET

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

For further information concerning this matter, please call:

YUDY S. VASQUEZ VELEZ

866

296-1833

at ()

Name of Person

Area Code

Daytime 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)

☐ \$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**

GERRY'S HERBS LLC

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

2023 APR 14 AM 11:10
SECRETARY OF
TALLAHASSEE, FL

2117D

The Articles of Organization for this Limited Liability Company were filed on 09/28/2022 and assigned
Florida document number L22000420842.

This amendment is submitted to amend the following:

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

ELITE HERBS LLC

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)

1665 NW 102 AVE SUITE 108

MIAMI, FL 33172

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1665 NW 102 AVE SUITE 108

MIAMI, FL 33172

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:

JC BUSINESS SOLUTIONS INC

New Registered Office Address:

7500 NW 25TH ST SUITE 237

Enter Florida street address

DORAL

City

Florida 33122

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 Changing Registered Agent, Signature of New Registered Agent

[illegible]

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.

(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)

Dated 4/14/23 .

Signature of a member or authorized representative of a member

Judy Vasquez
Typed or printed name of signee

Filing Fee: \$25.00