

L23 000004553

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

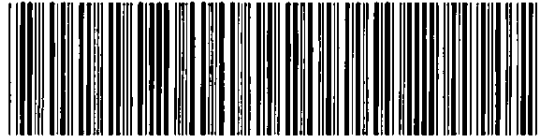
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: The Black Cat Apothecary

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:

David Kelley

Name of Person

Firm/Company

3010 Crawfordville Hwy

Address

Crawfordville FL 32327

City/State and Zip Code

theblackcatapothecary9@gmail.com

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

For further information concerning this matter, please call:

David Kelley

850 545-7930

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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

SECRETARY OF STATE
TALLAHASSEE, FL

2024 OCT -4 AM 11:38

FILED

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

The Black Cat Apothecary

(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 Dec 29, 2022 and assigned
Florida document number 123000004553.

This amendment is submitted to amend the following:

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

The Black Cat Metaphysical ^{Shop} Store 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:

3010 Crawfordville HWY

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

3010 Crawfordville HWY Crawfordville FL 32327

(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:

New Registered Office Address:

Enter Florida street address

Florida

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.

If Changing Registered Agent, Signature of New Registered Agent

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CLERK OF STATE
TALLAHASSEE, FL

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>
Manager	Alyson Keller	40 Greenlee Dr	<input type="checkbox"/> Add
		Cranfordville JI	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
Manager	Andrew Baird	40 Greenlee Dr	<input type="checkbox"/> Add
		Cranfordville	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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 SECRETARY OF STATE
 TALLAHASSEE, FL

FILED

[illegible]

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 day nearest to:

(b) The 90th day after the record is filed.

Dated 9/19/24

Signature of a member or authorized representative of a member

Susan Kelly
Typed or printed name of signer

2004 OCT -4, AM 11:38
SECRETARY OF STATE
TALLAHASSEE, FL

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