

L23000005739

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

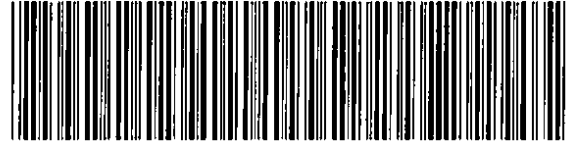
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

A. RIVERS
NOV 7 2023



100416568011

10/02/23--01003--015 **25.00

2023 OCT 02 AM 9:43
RECEIVED
TALLAHASSEE
FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Organic Therapy Company
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:

Lahanna Williams
Name of Person

Organic Therapy Company
Firm/Company

19211 Panama City Beach Pkwy #1048
Address

Panama City Beach FL 32413-8712
City/State and Zip Code

info@organictherapytoday.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lahanna Williams at (888) 976-0266
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 &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 16, 2023

LAHANNA WILLIAMS
19211 PANAMA CITY BEACH PKWY
1048
PANAMA CITY BEACH, FL 32413

SUBJECT: ORGANIC THERAPY COMPANY, LLC
Ref. Number: L23000005739

We have received your document for ORGANIC THERAPY COMPANY, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6353.

Alecia Rivers
Regulatory Specialist III

Letter Number: 223A00023911

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

Organic Therapy Company

(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 January 03 ²⁰²³ and assigned Florida document number L23000005739

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)

19211 Panama City Beach Pkwy
PCB, FL 32413-8712 #1048

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

19211 Panama City Beach Pkwy #1048
PCB, FL 32413-8712

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:

Deron Rodney

New Registered Office Address:

12118 Panama City Beach Pkwy Ste #25

Enter Florida street address

PCB

City

Florida

32410
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.


Deron Rodney
If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

[illegible]

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

Authorized Person(s) Detail

new.

Name & ADDRESS →

THE AMBIZ

Williams, Lahanna S

New → 19211 Panama City Beach Pkwy #1048
Address Panama City Beach, FL 32413-8712

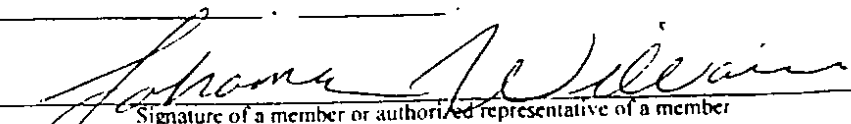
E. Effective date, if other than the date of filing: _____ (optional)

(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 _____


Signature of a member or authorized representative of a member

Lahanna Williams
Typed or printed name of signer