

L23 000224267

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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2023 DEC -8 PM 5:23

SECRETARY OF STATE
TALLAHASSEE, FL

A. BUTLER

DEC - 8 2023

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Gourmet Vegan Popcorn, 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:

Tisha Exantus

Name of Person

Sacred Woman Heal, LLC

Firm/Company

1909 Ann Arbor Ave

Address

Tallahassee, FL 32304

City/State and Zip Code

Sacredwomanheal@gmail.com

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

For further information concerning this matter, please call:

Tisha Exantus

850

443-1462

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

FILED

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

2023 DEC -8 PM 5:24
SEC and assigned
IN STATE
TALLAHASSEE, FL

If Changing Registered Agent, Signature of New Registered Agent

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

[illegible]

