

L23000306 001

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

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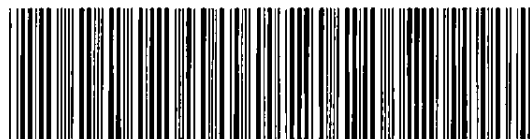
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Liberty Botanicals VB, 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:

GABRIELLE HUGUENIN

Name of Person

HUGUENIN INTERNATIONAL, LLC

Firm/Company

217 CEDAR STREET SUITE 82

Address

SANDPOINT IDAHO 83864

City/State and Zip Code

GABBYLWB@PROTONMAIL.COM

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

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TALLAHASSEE, FL

For further information concerning this matter, please call:

GABRIELLE HUGUENIN

208 946-0451

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**

LIBERTY BOTANICALS VB, LLC

(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 June 26, 2023 and assigned
Florida document number L23000306001.

This amendment is submitted to amend the following:

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

NOT APPLICABLE

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:

NOT APPLICABLE

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

4814 ASHLEY LAKE CIRCLE

(Mailing address MAY BE A POST OFFICE BOX)

VERO BEACH FLORIDA 32966

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:

TIMOTHY MCGILBERRY

New Registered Office Address:

4814 ASHLEY LAKE CIRCLE

Enter Florida street address

VERO BEACH


Florida 32966

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

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>
AMBR	HUGUENIN INTERNATIONAL LLC	217 CEDAR STREET	<input checked="" type="checkbox"/> Add
		SUITE 82	<input type="checkbox"/> Remove
		SANDPOINT, IDAHO 83864	<input type="checkbox"/> Change
MGR	CECIL JENTGES	2301 MARKET STREET	<input checked="" type="checkbox"/> Add
		SUITE 155	<input type="checkbox"/> Remove
		MOUNT VERNON, WASHINGTON 98273	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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SECRETARY
TALLAHASSEE, FL

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

IF YOU NEED AN INDIVIDUAL NAME FOR THE ADDING AN AUTHORIZED MEMBER VS A COMPANY
THE AUTHORIZED MEMBER NAME ON HUGUENIN INTERNATIONAL LLC IS GABRIELLE HUGUENIN
WE WANT IT TO SHOW UP AS HUGUENIN INTERNATIONAL LLC ON THE FLORIDA SECRETARY OF
STATE AS AUTHORIZED MEMBER WHEN VS AN INDIVIDUAL NAME IF POSSIBLE. IF THAT IS NOT
SIMPLY JUST REMOVE HUGUENIN INTERNATIONAL LLC AS THE AUTHORIZED MEMBER AND
REPLACE IT COMPLETELY WITH GABRIELLE HUGUENIN AND DO NOT DELAY THIS PROCESS.

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SECRETARY OF STATE
TALLAHASSEE, FL

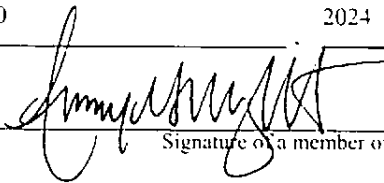
E. Effective date, if other than the date of filing: _____ **(optional)**

(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 AUGUST 20 2024



Signature of a member or authorized representative of a member

ABBY G WRIGHT

Typed or printed name of signee

Filing Fee: \$25.00