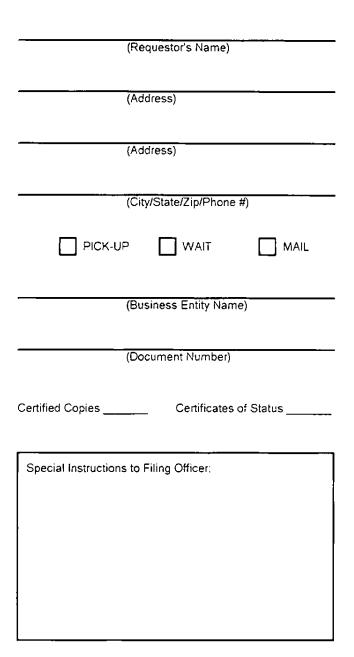
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SECTION SERVICES FOR STATE

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## **COVER LETTER**

Divi	ision of Corp	oorations		
SUBJECT:		HANDCRAFTED BOTANIC	ALS LLC	
SOBJECT.		Name of Lim	ited Liability Company	
The enclosed	Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return	ali correspor	ndence concerning this matter	to the following:	
		ROBERT S MORSE		
			Name of Person	
		MORSE'S HANDCRAFT	ED BOTANICALS LLC	
			Firm/Company	
		1032 TAMIAMI TRAIL U	JNIT 8	
			Address	
		PORT CHARLOTTE, FL	33953	
		INFO@DRMDC.HEALTH		
For further in	formation co	ncerning this matter, please co		
Name of Person		at () Area Code Daytime	Telephone Number	
Enclosed is a	check for the	e following amount:		
■ \$25.00 F	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

TO:

Registration Section

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

MORSE'S HANDCRAFTED BOTANICALS LLC	2	
( <u>Name of the Limited Liability Cor</u> (A Florida Limit	npany as it now appears on our records.) ed Liability Company)	<del></del>
The Articles of Organization for this Limited Liability Compa Florida document number L23000403583	and assigned	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	iability company here:	
HANDCRAFTED BOTANICAL FORMULAS LLC		
The new name must be distinguishable and contain the words "Limited Li	ability Company," the designation "LLC" or the ab-	breviation "L.L.C."
Enter new principal offices address, if applicable:		2024
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>	है ग
		R 2
Enter new mailing address, if applicable:	》 (2) (2) (3)	
Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
		[T] <b>()</b>
B. If amending the registered agent and/or registered officagent and/or the new registered office address here:	ce address on our records, <u>enter the name</u>	e of the new regist
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	rmer r wraa street aaaress	
	, Florida	Zin Code
	City	Zīp 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 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>	Type of Action
AMBR	WILLETTE, JASON	1032 TAMIAMI TRAIL	
		UNIT 8	□Remove
		PORT CHARLOTTE, FL 33953	■Change
AMBR	MORSE, BRENDA	1032 TAMIAMI TRAIL	
		UNIT 8	
		PORT CHARLOTTE, FL 33953	■Change
			□Add
		<del>-</del>	□Remove
			□Change
		<del></del>	
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Tective date, if other than to neffective date is listed, the date in this the date inserted in this cument's effective date on the	nust be specific and block does not r	d cannot be prior to meet the applica	o date of filing or mo ble statutory filing	(option re than 90 days after f requirements, this	iling.) Pursuant to 605.03	207 I as
ecord specifies a delayed effectis filed.	tive date, but no	t an effective tim	ne, at 12:01 a.m. o	n the earlier of: (b)	The 90th day after t	he
		2024				
APRIL 25 ted			_ •			
APRII, 25		· (10)	- H	if a member		

Filing Fee: \$25.00