

L24 0000 58284

Ken

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

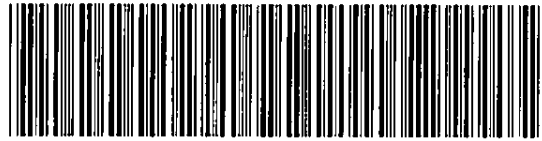
(Business Entity Name)

(Document Number)

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CLERK OF THE COURT  
JUDICIAL CIRCUIT IN AND FOR  
FLORIDA

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** MORSE'S HANDCRAFTED BOTANICAL STORE 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:

ROBERT S MORSE

\_\_\_\_\_  
Name of Person

MORSE'S HANDCRAFTED BOTANICAL STORE LLC

\_\_\_\_\_  
Firm/Company

1032 TAMIAMI TRAIL UNIT 8

\_\_\_\_\_  
Address

PORT CHARLOTTE, FL 33953

\_\_\_\_\_  
City/State and Zip Code

INFO@DRMDC.HEALTH

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

For further information concerning this matter, please call:

\_\_\_\_\_  
Name of Person

at (\_\_\_\_\_) \_\_\_\_\_  
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 &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

MORSE'S HANDCRAFTED BOTANICAL STORE 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 JANUARY 31, 2024 and assigned  
Florida document number L24000058284.

This amendment is submitted to amend the following:

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

MORSE'S HEALTH CLINIC AND HANDCRAFTED 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:

(Principal office address MUST BE A STREET ADDRESS)

1032 TAMIAMI TRAIL

UNIT 8

PORT CHARLOTTE, FL 33953

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1032 TAMIAMI TRAIL

UNIT 8

PORT CHARLOTTE, FL 33953

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CLERK OF STATE  
TALLAHASSEE FL

**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

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	ROBERT S MORSE	1032 TAMIAMI TRAIL UNIT 8	<input type="checkbox"/> Add
		PORT CHARLOTTE, FL 33953	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	JASON B WILLETTE	1032 TAMIAMI TRAIL UNIT 8	<input type="checkbox"/> Add
		PORT CHARLOTTE, FL 33953	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	BRENDA C MORSE	1032 TAMIAMI TRAIL UNIT 8	<input type="checkbox"/> Add
		PORT CHARLOTTE, FL 33953	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AR	MATTHEW W PRZYBOS	1032 TAMIAMI TRAIL UNIT 8	<input checked="" type="checkbox"/> Add
		PORT CHARLOTTE, FL 33953	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(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)

**Filing Fee: \$25.00**