

8/23/24, 1:16 PM

Division of Corporations

L24000077732
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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((H24000283431 3))



H240002834313ABC.

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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : PETERSON & MYERS PA
Account Number : 120080000078
Phone : (863)583-6511
Fax Number : (863)688-8099

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TALLAHASSEE, FLORIDA

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address: AWalls@petersonmyers.com

LLC AMND/RESTATE/CORRECT OR M/MC RESIGN
AF HERBAL LLC

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M. SOLOMON

AUG 23 2024

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DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Aug. 23. 2024 11:51 AM

No. 2793 P. 2/3

DocuSign Envelope ID: EDC58D58-491D-474C-A6A6-4F171C319709

COVER LETTER

(((H24000283431 3)))

TO: Registration Section
Division of Corporations

SUBJECT: AF HERBAL 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:

AMANDA L. WALLS, ESQ
Name of Person
PETERSON & MYERS, P.A.
Firm/Company
225 EAST LEMON STREET, SUITE 300
Address
LAKELAND, FLORIDA 33801
City/State and Zip Code
awall@petersonmyers.com
E-mail address: (to be used for future annual report notification)

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TALLHASSEE, FLORIDA

For further information concerning this matter, please call:

AMANDA L. WALLS, ESQ 863 683-6511
Name of Person at () 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

(((H24000283431 3)))

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

((H24000283431 3))

AF HERBAL 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 02/13/2024 and assigned
Florida document number 2000077732

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 "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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TALLAHASSEE, FLORIDA

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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: AMANDA L. WALLS, ESQ

New Registered Office Address: 225 EAST LEMON STREET, SUITE 300

Enter Florida street address

LAKELAND, Florida 33801

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.

Amanda L. Walls

If Changing Registered Agent, Signature of New Registered Agent

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If Designated Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

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MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	DANAE E. HERSHA	3009 STANHOPE AVE	<input type="checkbox"/> Add
		LAKELAND, FL 33803	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

Multiple horizontal lines for entering amendments.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

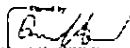
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E. Effective date, if other than the date of filing: _____ (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
Note: If the date 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 8/23/2024



Signature of a member or authorized representative of a member

Mgr

Typed or printed name of signer