## L24000201042

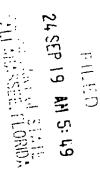
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
4085





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08/03/24--01013--011 \*\*43.75 2 < 7 | 9 | 19 | 24



## **COVER LETTER**

TO: Registration So Division of Cor				
SUBJECT:	Good Tea 4 Life L			
SUBJECT:	Name of Lim	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
•		Erica Fisher		
•		Name of Person		
	Good Tea 4 Life LLC			
		Firm/Company		
	8512 Shadow Ct.			
	<del></del>	Address		
	Coral Springs, FL 33071			
	eacraw05@comcast.net	City/State and Zip Code		
	E-mail address: (	to be used for future annual report not	ification)	
For further information of	concerning this matter, please c	all:		
Erica Fisher		904 414-1932		
	<u> </u>	at ()		
Name o	of Person	Area Code Daytin	ne Telephone Number	
Enclosed is a check for t	he following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	<ul> <li>\$60.00 Filing Fee,</li> <li>Certificate of Status &amp;</li> <li>Certified Copy</li> <li>(additional copy is enclosed)</li> </ul>	
Mailing Addres		Street Address:	vetion	
Registration Section		<del>-</del>	Registration Section Division of Corporations	
Division of Corporations P.O. Box 6327			The Centre of Tallahassee	
Tallahassee, FL 32314		2415 N. Monro	2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

Attention: Tyreek Greene or Whom it May Concern Hello,

I sent a money order for \$43.75 to amend the articles of organization, to receive a Certificate of Status. I do not need the Certificate of Status, only the filing fee (\$25.00). I am requesting a refund of the balance owed (\$18.25). Thank you.

Sincerely, Erica C. Fisher 904-414-1932

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Good Tea 4 Life LLC		
(Name of the Limited Liability Comp (A Florida Limited	<u>pany as it now appears on our record</u> I Liability Company)	<u>s.</u> )
he Articles of Organization for this Limited Liability Compan	y were filed on April 30, 2024	and assigned
lorida document number	_	
Florida document number		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	£
		70. 2
he new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LLC	or the abbreviation "L.L.C."
		0
Enter new principal offices address, if applicable:		<del></del>
Principal office address MUST BE A STREET ADDRESS)		
		7 7 7
		937 F
		<b>8 5</b>
Enter new mailing address, if applicable:		3.5
Mailing address MAY BE A POST OFFICE BOX)		<u>-</u>
3. If amending the registered agent and/or registered office	e address on our records, <u>enter</u>	the name of the new regis
gent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address.	Enter Florida street addres	s
	<del></del>	o <b>rida</b>
	City	гір Соас

## 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>	Type of Action
MGR	Erica Fisher	8512 Shadow Ct. Coral Springs, FL 33071	<b>=</b> Add
			□Remove
			Change
			□Remove
			□Change
			🖸 Add
			Remove
			Change
			□Remove
			□Change
			DAdd
			Remove
			Change
			□Add
			□Remove
			Change

. If amen	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
_	
_	
<del></del>	
_	
_	
_	
_	
_	
Note: If	edate, if other than the date of filing:
he record : ord is filed	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
	ptember 11, 2024
	Signature of a member or authorized representative of a member
	Erica A. Fisher
	Typed or printed name of signee