

M19000001464

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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19 SEP 10 PM 4:53

2019 SEP 10 PM 5:07

SECRETARY OF STATE  
OF MASSACHUSETTS

FILED

C GOLDEN

SEP 10 2019

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Kera herbals 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:

Terry webb  
Name of Person

Firm/Company

2722 Apalachee Pkwy  
Address

Tallahassee FL 32301  
City/State and Zip Code

terry@keraherbals.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Terry webb at ( 850 ) 545-3141  
Name of Person 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/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Vera herbals LLC  
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

TERRY Webb  
Name of Person

Vera herbals  
Firm/Company

2722 apalachee Pkwy  
Address

Tallahassee FL 32301  
City/State and Zip Code

terry @ vera herbals. com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

TERRY Webb at ( 850 ) 545 3141  
Name of Person Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

- ☐ \$25 Filing Fee      ☐ \$30 Filing Fee & Certificate of Status      ☐ \$55 Filing Fee & Certified Copy      ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE  
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT  
BUSINESS IN FLORIDA

FILED  
SEP 10 PM 5:07  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

SECTION I (1-3 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of State: Kera Herbals LLC
2. Jurisdiction of its organization: CO
3. Date authorized to do business in Florida: 2/11/19

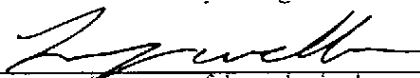
SECTION II (4-7 complete only the applicable changes)

4. New name of the limited liability company: \_\_\_\_\_  
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

\_\_\_\_\_  
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C.," or "LLC.")

5. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:  
No
6. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change: \_\_\_\_\_

7. Attached is an original certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

  
Signature of the authorized representative

Terry Webb  
Typed or printed name of signee

Filing Fee: \$25.00

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

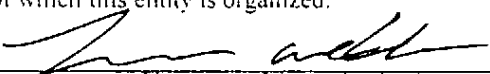
\_\_\_\_\_

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

\_\_\_\_\_

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MBR</u>	<u>Terry webb</u>	<u>2915 Morningside dr</u>	<input checked="" type="checkbox"/> Add
		<u>tallahassee FL 32301</u>	<input type="checkbox"/> Remove
<u>MBR</u>	<u>Ashley webb</u>	<u>2915 Morningside Dr</u>	<input type="checkbox"/> Add
		<u>tallahassee FL 32301</u>	<input checked="" type="checkbox"/> Remove
<u>MBR</u>	<u>Nicole wallace</u>	<u>104 ALPine st</u>	<input type="checkbox"/> Add
		<u>Marble CO. 81623</u>	<input checked="" type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the  
aforementioned amendment(s), duly authenticated by the official having custody of records in the  
jurisdiction under the law of which this entity is organized.

  
Signature of the authorized representative

Terry webb  
Typed or printed name of signer

Filing Fee: \$25.00