

LOT 000068790

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

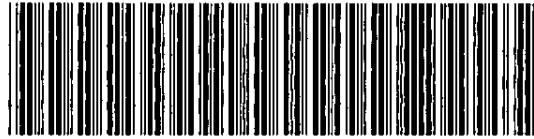
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03/06/08--01049--010 **25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
08 MAR -6 PM 1:40

G. MCLEOD

MAR - 7 2008

EXAMINER

To Whom it may concern

Enclosed are two checks payable to Secretary of State for Amendment of Name and amendment of Managing Member.

Please, feel free to communicate with me for more information If necessary at 561-633-3914 or 877-228-8999

Daniel Joseph,

Registered Agent

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SAFRICAN TRAVEL AND TOURS 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:

DANIEL JOSEPH
(Name of Person)

ACT FINANCIAL SERVICES LLC
(Firm/Company)

901 S. MILITARY TRAIL SUITE A-6
(Address)

WEST PALM BEACH, FL 33415
(City/State and Zip Code)

For further information concerning this matter, please call:

DANIEL JOSEPH at (**877**) **228-8999**
(Name of Person) (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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
08 MAR -6 PM 1:40

SAFRICAN TRAVEL AND TOURS 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 JULY 02, 2007 and assigned Florida document number L07000068790.

This amendment is submitted to amend the following:

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

NATURAL WAY WHOLESALERS LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

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 608, 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)

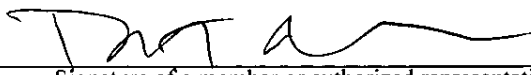
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|-----------------|--|--|
| MGRM | PHILLIP JACKSON | 1570 BRIAR OAK DRIVE ROYAL PAL, BEACH, FL 33411 | <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove |
| MGRM | GORDON TURNER | 1570 BRIAR OAK DRIVE ROYAL PAL, BEACH, FL 33411 | <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add <input type="checkbox"/> Remove |
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated _____, _____.



Signature of a member or authorized representative of a member

Daniel Joseph
Typed or printed name of signee