## 115000028029

(Requ	uestor's Name)	
(Addi	ress)	
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(City/	State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Nar	me)
(Doc	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Fi	iling Officer:	
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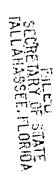


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## **COVER LETTER**

TO: Registration S Division of Co		• • • • • • • • • • • • • • • • • • •	•	
Marula Or	ganix LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	Stefano Del Francia			
		Name of Person		70
•	Marula Organix	•	4	16 SEP 15 PH 2: 48
	<u></u>	Firm/Company		9 家
	2135 N Keene Rd			5 P
		Address		PH 2: 48
	Clearwater FL 33763			#8 E
		City/State and Zip Code		
•	stefano@marulaorganix.com			
	E-mail address: (	to be used for future annual report notif	ication)	
For further information of	concerning this matter, please co	all:		
Stefano Del Francia		727 643-5001		
Name	of Person		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)	□ \$60.00 Filing Fee, Certificate of Status of Certified Copy (additional copy is enclose	
MAII	JNG ADDRESS:	STREET/COURI	ER ADDRESS:	

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

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Marula Organix LLC		
( <u>Name of the Limited Lia</u> (A Flo	bility Company as it now appears on our record rida Limited Liability Company)	<u>s.</u> )
The Articles of Organization for this Limited Liability	y Company were filed on September 12, 20	and assigned
Florida document number L15000028029	·	•
This amendment is submitted to amend the following	:	
A. If amending name, enter the new name of the l	imited liability company here:	
The new name must be distinguishable and contain the words "I	Limited Liability Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		至约
(Principal office address MUST BE A STREET AD	DRESS)	S
		7 77
		or Sixt
Enter new mailing address, if applicable:	****	2 T
(Mailing address MAY BE A POST OFFICE BOX)	-	2: L
		00
B. If amending the registered agent and/or registered agent and/or the new registered office ac		, enter the name of the new
Name of New Registered Agent:		4,
New Registered Office Address:		
•	Enter Florida street address	,
<u> </u>	City, Flo	orida Zip Code
	Cuy	ир Соае

## 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, <u>enter the title, name, and address of each person\_being added or removed from our records:</u>

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Shireen Dekiewit	1002 Ewing Ave	
		Clearwater FL 33756	Remove
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			☐ Add
		Market and the second s	Remove
	•		Change
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ective date, if other the effective date is listed, the e	date must be specific ar	nd cannot be prior	to date of filing or	more than 90 days	optional) after filing.) Pursua	nt to 605,0207
te: If the date inserted in cument's effective date or	this block does not	meet the applica	able statutory fil	ing requirements	, this date will not	be listed as
current s'effective date of	i the Department of	State 5 fections.				
record specifies a de	alayad offactiva	date but no	t an effective	time at 12:	nam on the	earlier of
he 90th day after th	ne record is filed	i.	t all ellective	: unic, at 12.	51 d.m. on the	, carner or
·			•			
September 12th		2016	. ·			
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		amember or autho			<del></del>	

Page 3 of 3

Filing Fee: \$25.00