

L15000109082

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

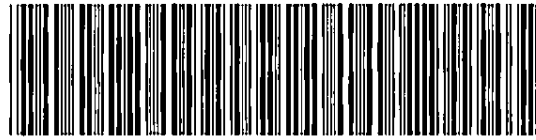
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2021 SEP 23 PM 10:14

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09/27/21--01001--002 **25.00

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TALLAHASSEE, FLORIDA

2021 SEP 24 PM 3:25

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Amend

SEP 29 2021

ALBRIGHTON

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Natures Design Products, LLC

- ___ Art of Inc. File _____
- ___ LTD Partnership File _____
- ___ Foreign Corp. File _____
- ___ L.C. File _____
- ___ Fictitious Name File _____
- ___ Trade/Service Mark _____
- ___ Merger File _____
- ___ Art. of Amend. File _____
- ___ RA Resignation _____
- ___ Dissolution / Withdrawal _____
- ___ Annual Report / Reinstatement _____
- ___ Cert. Copy _____
- ___ Photo Copy _____
- ___ Certificate of Good Standing _____
- ___ Certificate of Status _____
- ___ Certificate of Fictitious Name _____
- ___ Corp Record Search _____
- ___ Officer Search _____
- ___ Fictitious Search _____
- ___ Fictitious Owner Search _____
- ___ Vehicle Search _____
- ___ Driving Record _____
- ___ UCC 1 or 3 File _____
- ___ UCC 11 Search _____
- ___ UCC 11 Retrieval _____
- ___ Courier _____

Signature _____

Requested by: SETH 09/22/21

Name _____ Date _____ Time _____

Walk-In _____ Will Pick Up _____



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
2021 SEP 28 PM 2:27
TALLAHASSEE, FLORIDA

September 27, 2021

CAPITAL CONNECTION, INC.

SUBJECT: NATURES DESIGN PRODUCTS, LLC
Ref. Number: L15000109082

We have received your document for NATURES DESIGN PRODUCTS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Profit Corporation, but your entity is a Limited Liability Company. Please complete and return the enclosed blank form(s).

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist III

Letter Number: 521A00023262

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

NATURES DESIGN PRODUCTS, 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 06/26/2015 and assigned Florida document number L15000109082.

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 "L.L.C."

Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

239 2ND AVENUE S
SECOND FLOOR
ST PETERSBURG, FL 33701

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

239 2ND AVENUE S
SECOND FLOOR
ST PETERSBURG, FL 33701

2015 JUN 28 AM 10:14

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:

BRYAN J. RUSH, ESQ.

New Registered Office Address:

2 S BISCAYNE BOULEVARD, SUITE 2600

Enter Florida street address

MIAMI

Florida

33131

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.

/s/ Bryan J. Rush

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>	<u>Type of Action</u>
MGR	BIOGREEN LABS, LLC	239 2ND AVENUE S	<input checked="" type="checkbox"/> Add
		SECOND FLOOR	<input type="checkbox"/> Remove
		ST PETERSBURG, FL 33701	<input type="checkbox"/> Change
MGR	MEIR CHAPLER	17 BREWER ROAD	<input type="checkbox"/> Add
		MONSEY, NY 10952	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	BINYO RUTSTEIN	17 BREWER ROAD 10952	<input type="checkbox"/> Add
		MONSEY, NY 10952	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	YISROEL BORENSTEIN	3495 BAINBRIDGE	<input type="checkbox"/> Add
		CLEVELAND, OH 44118	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

