

L21 000 366 501

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

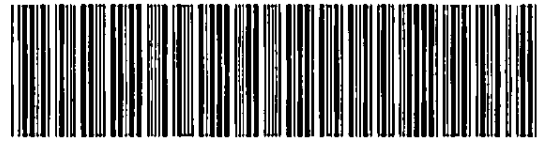
(Business Entity Name)

(Document Number)

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FILED  
2022 SEP 19 AM 6:51  
FILING OFFICE

A. BUTLER

DEC 14 2022

# COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ANNATURAL 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:

ANNA C DELHOMME

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

2200 NW 17TH St

\_\_\_\_\_  
Address

DELRAY BEACH/ FL 33445

\_\_\_\_\_  
City/State and Zip Code

ANNATURALCARE101@GMAIL.COM

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANNA C DELHOMME

561 7044437  
at (\_\_\_\_\_) \_\_\_\_\_  
Area Code Daytime Telephone Number

\_\_\_\_\_  
Name of Person

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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

ANNATURAL LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

**FILED**

2022 SEP 19 AM 6:51

The Articles of Organization for this Limited Liability Company were filed on 8/16/2021 and assigned  
Florida document number L21000366501

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 "L.L.C." or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

**(Principal office address MUST BE A STREET ADDRESS)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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 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>	<u>Type of Action</u>
CEO	TODD O HARDY II	745 SIESTA KEY CIRCLE APT. 1525	<input type="checkbox"/> Add
		DEERFIELD BEACH, FL 33441	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ANNA C DELIOMME	100 E LINTON BLVD SUITE 215 B	<input type="checkbox"/> Add
		DELRAY BEACH, FL 33483	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	CLAUDILE C HARDY	100 E LINTON BLVD SUITE 215 B	<input type="checkbox"/> Add
		DELRAY BEACH, FL 33483	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	LAMERCIE CASIMIR	2200 NW 17TH STREET	<input type="checkbox"/> Add
		DELRAY BEACH, FL 33445	<input type="checkbox"/> Remove
			<input checked="" 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

