

Oct. 18. 2022 2:02PM

No. 0134 F. 1

L22000295816

Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H22000357225 3)))



H220003572253ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : MS ACCOUNTING & TAXES CORP
Account Number : I20200000030
Phone : (786) 346-8844
Fax Number : (786) 502-3694

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: fusinger1@gmail.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
NATURTEK USA GROUP LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2022 OCT 18 AM 10:17

10:21:21
2022 OCT 18

Oct. 18. 2022 2:02PM

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

No. 0184 P. 2

H22000357225 3

NATURTEK USA GROUP 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 07/01/2022 and assigned
Florida document number L22000295816.

This amendment is submitted to amend the following:

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

NATURTECK USA GROUP LLC

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)

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

City

Florida

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

H22000357225 3

or Oct. 18, 2022 2:03 PM is: authorized to manage, enter the title, name, and address No. 0164 per: Being added

MGR = Manager
AMBR = Authorized Member

H22000357225 3

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	WALTER F. CERON CONTRERAS	9380 103RD ST LOT 192	☐ Add
		JACKSONVILLE, FL 32210	☒ Remove
			☐ Change
AMBR	WALTER CERON CONTRERAS	9380 103RD ST LOT 192	☒ Add
		JACKSONVILLE, FL 32210	☐ Remove
			☐ Change
AMBR	DARIO A. TORRES NARVAEZ	9380 103RD ST LOT 192	☒ Add
		JACKSONVILLE, FL 32210	☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add

H22000357225 3

Oct. 18, 2022 2:03PM

No. 0164 H22000357225 3

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated

10/14/2022



WALTER F. CERON CONTRERAS

Typed or printed name of signee

H22000357225 3

Filing Fee: \$25.00