14007509

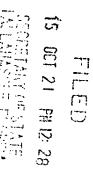
(Re	equestor's Name)	
(Ac	ldress)	······································
(Ac	Idress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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OCT 22 2015 S. YOUNG

COVER LETTER

TO:	Registration Sec Division of Corp					
SUBJ	ECT:N	ature's 2 Cen	+s,.cc c ited Liability Company			
		Name of Lim	ited Liability Company			
The e	nclosed Articles of A	amendment and fee(s) are sub	omitted for filing.			
Please	e return all correspon	dence concerning this matter	to the following:			
		Deja' Cro	Name of Person			
		O	Name of Person			
		Birth And	BABY CHIC BOOK	Keeping, LLC	5	
		- T	CK Rd Address		OCT 21 PM 12: 28	77
		3080 JA	ck Rd		(温文 ²)	
			Additss		inc La	-
		Laurel	City/State and Zip Code		7	
			City/State and Zip Code		E 1 2	
		Deja Crons	eyame, com to be used for future annual report notif		''	
		(F/mail address: (to be used for future annual report notif	lication)		
For fu	rther information co	ncerning this matter, please ca	all:			
	Deja' Cro	n ley	at (<u>850</u>) <u>1019 -</u> Area Çode Daytime	C/0/		
		. •	, ued your Buyumic	7 receptions (vanious		
Enclos	sed is a check for the	following amount:				
□ \$2	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &	

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

Nature's 2 C	ents, LLC	
(<u>Name of the Limited Liability Company</u> (A Florida Limited Lia	vas it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company w	vere filed on	and assigned
Florida document number <u>L14000175099</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	ty company here:	
Birth and Baby Care B. The new name must be distinguishable and contain the words "Limited Liability	ookkeeping, LLC	
The new name must be distinguishable and contain the words "Limited Liability	Company,"the designation "LLC" or the	ne abbreviation; "L.L.C."
Enter new principal offices address, if applicable:	3080 JACK Rd.	
(Principal office address MUST BE A STREET ADDRESS)	Laurel Hill, Fo	32567
		TO P D
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
B. If amending the registered agent and/or registered office	ce address on our records, en	ter 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 heing 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>	Address	Type of Action	
			□ Add	
			☐ Remove	
			☐ Change	
			Add	
			□ Remove	
			Change	
			Add	
			□ Remove	
			□ Change	
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			□ Change	
			Add	
			□ Remove	
			Charge.	

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		 -
ffective	date, if other than the date of filing: (optional)	
fan effect <u>Sote:</u> If	edate, if other than the date of filing:	o 605.020 e listed a
e recoi The 9	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the e Oth day after the record is filed.	arliar c
ated	October 22nd, 2015. Description: Signature of a member or authorized representative of a member	FILED B 5:08

Page 3 of 3

Filing Fee: \$25.00