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(((H10000041980 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : BLAXBERG & GRAYSON, P.A.

Account Number : I19990000119 Phone

Fax Number ; (305)371-6016

: (305)381-7979

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

Rmail	Address:			
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PURE NATURE ORGANICS, LLC

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FEB 25 2010

EXAMINER

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

P	<u>ure Nature C</u>	<u> Drganics, LLC</u>	<u> </u>	<u>.</u>	
(Name of the Limite	d Liability Comps A Florida Limited	iny as it now appeal Liability Company)	rs on our records.)		
The Articles of Organization for this Limited I	were filed on	2/07/2003	and assigned		
Florida document numberL0300000	4795				
This amendment is submitted to amend the fol	lowing:				
A. If amending name, enter the new name of	of the limited liab	oility company her	<u>re</u> :		
	Antwerp	<u> </u>			
The new name must be distinguishable and end w "L.L.C."	th the words "Lim	ited Liability Compa	ny,' the designation "I	LC" or the abbreviation	ı
Enter new principal offices address, if applied	cable:	799 Crandon	Boulevard		
(Principal office address MUST BE A STREE	TADDRESS)	Apt. 604			
		Key Biscayne	e, Florida 33149		
Enter new mailing address, if applicable:		799 Crandon	Boulevard		
(Mailing address MAY BE A POST OFFICE	Apt. 604		3		
		Key Biscayne	, Florida 33149	<u> FC = .</u>	
B. If amending the registered agent and/ registered agent and/or the new registered of	or registered of ffice address her	fice address on o e:	ur records, <u>enter t</u>	he name of the new	T
		-			T
Name of New Registered Agent:				FLOST CO	
New Registered Office Address:	799 Crando	n Boulevard, Ap	ot. 604	RECTE 12	
- 				ress	
	Miami	, Florida	33149		
		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 608, 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

MGR = Manager

If amending the Managers or Managing Members on our records, enter the title name, and address of each Manager or Managing Member being added or removed from our records:

MGRM ≈ I	Managing Member		
<u>Title</u>	Name	<u>Address</u>	Type of Action
			F*\ D
			
·			[*************************************
			Remove
D. If amen	ding any other information,	enter change(s) here: (Attach additional shee	TARY OF STATE ASSEE. FLORIDA
 Dated	February 18	2010	
Dated			
	Signature	of a member or authorized representative of a mo	ember
		Marcus Meurs	
		Typed or printed name of signee	•

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