L03 0000 S27 29

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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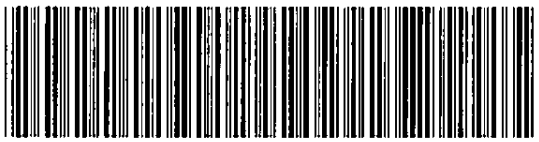

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TALLAHASSEE, FL

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Nature's Way Cafe Franchising, 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.

Constance Chabot
Name of Person

Veganthropist, LLC
Firm/Company

804 US HWY 1, STE. 10
Address

LAKE PARK, FL 33403
City/State and Zip Code

chabot_c@yahoo.ca
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FL

For further information concerning this matter, please call:

Constance Chabot at (561) 815-9064
Name of Person — Area Code — Daytime Telephone Number

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

Nature's Way Cafe Franchising, 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 12/15/2003 and assigned Florida document number L03000052729.

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)

804 US HWY 1, STE. 10
LAKE PARK, FL 33403

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

804 US HWY 1, STE. 10
LAKE PARK, FL 33403

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TALLAHASSEE, FLORIDA

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: Constance Chabot

New Registered Office Address: 804 US HWY 1, STE. 10
Enter Florida street address

LAKE PARK, Florida 33403
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

Title	Name	Address	Type of Action
MGRM	Batista, Liliana	5500 S. Dixie Highway	☐Add
		West Palm Beach, FL 33405	■Remove
			☐Change
MGRM	Veganthropist, LLC	804 US HWY 1, STE 10	■Add
		LAKE PARK, FL 33403	☐Remove
			☐Change
MGRM	Chabot, Constance	804 US HWY 1, STE 10	■Add
		LAKE PARK, FL 33403	☐Remove
			☐Change
			☐Add
			☐Remove
			☐Change
			☐Add
			☐Remove
			☐Change
			☐Add
			☐Remove
			☐Change

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

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TALLAHASSEE FL

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 February 25th, 2024

Signature of a member or authorized representative of a member

LILIANA BATISTA, MGRM

Typed or printed name of signee

Darla L Mickel 2/25/2024

DARLA L MICKEL
Notary Public - State of Florida
Commission # HH 245635
My Comm. Expires Apr 12, 2026
Bonded through National Notary Assn.

Filing Fee: $25.00