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2/12/2019 T. Burch FEB 1 3 2019

# COVER LETTER

<b>f</b> 0;	Registration Section Division of Corporations								
		NATIVE REMEDIES, LLC							
SUBJE	cr:	Weste of Limited Liability Company							
The end	aliana pasaga	livies of A	mendment and fee(a) are auto	mitted for filing.					
Please	eturn all	contespon	dence concerning this matter	to the following:	•				
			Daniel Zabludowski,	Esq.					
				Name of Person					
	Hinshaw & Culberta			on LLP					
				Firm/Compony					
			2525 Ponce de Leo	n Bivd., 4th Finor	····				
				Address					
			Coral Cables, FL 33						
			danz@hinshowlaw.c	City/State and Zip Code COM					
For fu	ther infor	motion oo	E-mail address	to be used for figure should report notify	caton)				
		udowsk		305 <b>358-7747</b>					
		Name of	·	at (					
Énclos	ed is a ch	ionk for th	n following amount						
□ \$Ż	:3.00 Pilir	ig Pec	D \$30.00 Filing Per & Certificate of Status	(additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (Advioral tary is easilised)				
	MAILING ADTRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahasson, FL 32314			STRRETACOURTER ADDRRSS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallalacecc, FL 32301					

## FEB 12 2015 9:33 AM FR HINSHAW-FTLAUD 954 467 1024 TO 918506176383#918 P.03

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

### NATIVE REMEDIES, LLC

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### (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 October 26, 2006 and assigned Florida document number L06000104310

This amendment is submitted to amend the following:

A. If amending name, enter the new pame of the limited liability company here:	ASSE	ភា
L-CUBED, LLC		••••p•
The new name must he distinguishable and end with the words "Limited Liability Company." the designat	ion "LLC" or the abbreviation "LLC".	and and a second se Second second s
Enter new principal offices address, if applicable:	SS SS	2
(Principal office address MUST BE A STREET ADDRESS)		
		، ۲ محد محمد ۲۰ مح
	ATF.	
Enter new mailing address, if applicable:	A	5
(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 Floridu street address
	, Florida

#### 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

Page 1 of 3

MGR = Manager AMBR = Authorized Member Address Type of Action **Title** <u>Name</u> / MGRM Andrienne Luntz 6531 Park of Commerce Blvd. 🗆 Add Suite 160 Remove Boca Raton, FL 33487 6531 Park of Commerce Blvd. MGR Andrienne Luntz / 🖬 Add Suite 160 Remove Boca Raton, FL 33487 G **J**AN 1 MGRM Dean Luntz 6531 Park of Commerce Blvd. 🛛 Add  $\overline{\sim}$ Suite 160 Remove P Boca Raton, FL 33487 5 OR ŝ Ξ MGR Dean Luntz 6531 Park of Commerce Blvd. 📕 Add Suite 160 D Remove Boca Raton, FL 33487 DbA 🗖 \_ Remove 🖾 Add D Remove

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

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Page 2 of 3

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D. If amend	ling any other information, enter change(s) here: (Attach additional theets, if necessary.)
(The effectiv	date, if other than the date of filing:(optional) we date must be specific, caunot be prior to date of receipt or filed date and connot be more than 90 days after is document is filed by the Florida Department of State)
Dated	FEBRUARY 11 2015
	17
	Eigentate of a member or authorized representative of a member
	George Luntz, President of NAR MANAGEMENT, INC., General Partner of DGA GROUP, LTD., a Member
	Typed or printed usine of signes

Page 3 of 3 Filing Fee: \$25.00

SECRETARY OF STATE TALLAHASSEE, FLORIDA 15 JAN 12 PM 4: 06 CITE DAY

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