

L07000102763

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

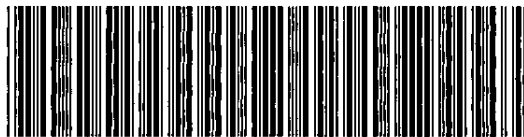
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SECRETARY OF STATE
DIVISION OF CORPORATIONS
07 DEC 19 PM 2:28

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Natural Teeth Spa 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:

Concetta Lupardo
(Name of Person)

Professional Business Solutions
(Firm/Company)

141 NW 20th B5
(Address)

Boca Raton FL 33431
(City/State and Zip Code)

For further information concerning this matter, please call:

Concetta Lupardo at 561.819.0990
(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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 11, 2007

CONCETTA LUPARDO
PROFESSIONAL BUSINESS SOLUTIONS
141 NW 20 ST - B5
BOCA RATON, FL 33431

SUBJECT: NATURAL TEETH SPA LLC
Ref. Number: L07000102763

RECEIVED
07 DEC 19 AM 11:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for NATURAL TEETH SPA LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain written acceptance by the registered agent, (i.e. "I hereby am familiar with and accept the duties and responsibilities as registered agent for said corporation/limited liability company"); and the registered agent's signature.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 207A00069547

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Natural Teeth Spa LLC

(Present Name)
(A Florida Limited Liability Company)

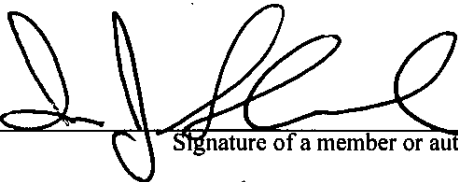
FIRST: The Articles of Organization were filed on 10/10/07 and assigned document number 207 000102763.

SECOND: This amendment is submitted to amend the following:

Article IV - The name and Florida address of
the registered agent is: The Hemp Factory Inc,
141 NW 205th BS Boca Raton FL 33431

Article V - The name and address of managing
members/managers are: MGRM Marik A Mills
13004 Summerlake Way Clermont FL 34711
MGRM: The Hemp Factory Inc 141 NW 205th BS
Boca Raton FL 33431

Dated December 5, 2007.




Signature of a member or authorized representative of a member

Ira Schneider

Typed or printed name of signee

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DIVISION OF CORPORATIONS
07 DEC 19 PM 2:28

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.



(Signature of Registered Agent)

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