## 108000052559

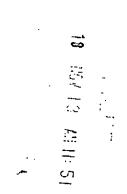
(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer: SPOKE FOM r. M. Chaif COK on 11/15/18 add title for Beverly as a member.
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Office Use Only



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10/16/18--01027--002 \*\*35.00



O SIMMONS NOV 15 2018



October 27, 2018

MICHAEL COOK 47 FOUR CORNERS RD BLAIRSTOWN, NJ 07825

SUBJECT: NATURAL SPECIALTIES, LLC

Ref. Number: L08000052559

We have received your document for NATURAL SPECIALTIES, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a FLORIDA LLC. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

Please return 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) 245-6051.

Octavia L Simmons Regulatory Specialist III

Letter Number: 918A00022151

## **COVER LETTER**

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Division of Cor	•		
	NATURAL SPECIAL SALES - ASSE	NEALES	
SUBJECT:	Australia Ass	this LIC	
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Michael A.	Cook	
		Name of Person	
	4/11-		
	/	NATURAL SPECIAL T	1/£5, LCC
	47 FOUR COME	is rd.	
		Address	
	RLOIDSTAND	UK 07825	
	50412570210	City/State and Zip Code	
	M.Ke 48 COOK @	GMOIL . Com to be used for future annual report notif	
	E-mail address: (	to be used for future annual report notif	ication)
For further information c	oncerning this matter, please ca	all:	
/a /		0.4	
Michael A	, Wok	at ( 973 ) 222 / Area Code Daytime	601
Name o	I Person	Area Code Daytime	: Telephone Number
Enclosed is a check for th	ne following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee &	☐ \$55.00 Filing Fee &	□ \$60.00 Filing Fee.
	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy
		, , , , , , , , , , , , , , , , , , , ,	(additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

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

NATURAL SPECIALIES,	LLC		
NATURAL SPECIALIES, (Name of the Limited Liability (A Florida)	y Company as it now appears Limited Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability Co Florida document number <u>L 080000</u> 5253		5/27/200	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ted liability company her	<u>re</u> :	
the new name must be distinguishable and contain the words "Lami	ted Liability Company," the de-	signation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDR)	ESS)		
Enter new mailing address, if applicable:			.: .:
Mailing address MAY BE A POST OFFICE BOX)			<u> </u>
B. If amending the registered agent and/or regist registered agent and/or the new registered office addr Name of New Registered Agent:  New Registered Office Address:	ess here:	our records, ent	er the name of the nev
		, Florida	
	City	, r iorida	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 Type of Action Title Name. Address JERENY A, Cook 47 Four corners Rd DAdd BLAIRSTONN NJ. 07825 PRemove ☐ Change MARK M. Cook 196 SHAWNER VAlley EAST STROUBBURG, PG 18302 \_\_ □ Change Michael A. Cook JR 4460 CRESCENT ST. DATE STROUBSBURG, PA 18360 **⊯** Remove ☐ Change 1/08 SE 16th Tellace JANed C Cook □ Add CARE CORAL, PL 33990 Remove \_□ Change Beverly A. Cook 47 Four courses by while BLAIRSTON NS 07825 - Remove ☐ Change \_□ Add □ Remove

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Filing Fee: \$25.00

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