

LOS 000052559

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

SPOKE to Mr. Michael Cook on  
11/15/18 add title for Beverly  
as a member.

Wing Lam

Office Use Only



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NOV 15 2018



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

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

2018 OCT 13 PM 2:10

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: NATURAL SPECIALTIES  
~~NATURAL SITES ASSOCIATES~~ 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:

Michael A. Cook  
Name of Person

~~NATURAL SITES ASSOCIATES~~ NATURAL SPECIALTIES, LLC  
Firm/Company

47 FOUR CORNERS RD.  
Address

BLOIRSTOWN NJ 07825  
City/State and Zip Code

MIKE48COOK@GMAIL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael A. Cook at ( 978 ) 222 1601  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

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

NATURAL SPECIALTIES, 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 5/27/2008 and assigned  
Florida document number L 080000 52559

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 "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(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 Florida street address*

Florida

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
	<u>Jeremy A. Cook</u>	<u>47 FOUR CORNERS Rd</u>	<input type="checkbox"/> Add
		<u>BLAIRSTOWN NJ 07825</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
	<u>MARK M. COOK</u>	<u>196 SHANNON VALLEY</u>	<input type="checkbox"/> Add
		<u>EAST STROUSBURG, PA 18302</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
	<u>Michael A. Cook JR</u>	<u>4460 CRESCENT ST.</u>	<input type="checkbox"/> Add
		<u>STROUSBURG, PA 18360</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
	<u>JARED C. COOK</u>	<u>1108 SE 18<sup>th</sup> Terrace</u>	<input type="checkbox"/> Add
		<u>CAPE CORAL, FL 33990</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>MBR</u>	<u>Beverly A. Cook</u>	<u>47 FOUR CORNERS Rd</u>	<input checked="" type="checkbox"/> Add
		<u>BLAIRSTOWN NJ 07825</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

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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 November 3 2018  
10/3/18

Michael A. Cook

Signature of a member or authorized representative of a member

Michael A. Cook

Typed or printed name of signee