

L08000064428

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

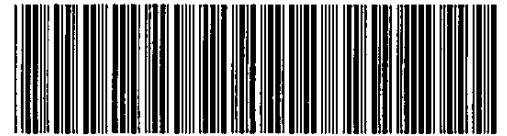
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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07/01/09--01033--008 **25.

09 JUL - 1 AM 11:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAI

JUL - 2 2009

EXAMINEE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT:

Nature's Own Pharms
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:

Alex Davis

Name of Person

09 JUL - 1 AM 11:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Firm/Company

18437 Vineyard RD

Address

Orlando FL 32821

City/State and Zip Code

NaturesProduced@MSN.Cu

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alex

Name of Person

at 916 509-7218

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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Nature's Own Pharmacy
(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 7 1 2008 and assigned
Florida document number L08000064428

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

NN

The new name must be distinguishable and end with 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)

9245 Laguna Springs
Suite 200
Elk Grove CA 95622

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

9245 Laguna Springs
Suite 200
Elk Grove CA 95622

B. If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here:

Name of New Registered Agent:

Alex Davis

New Registered Office Address:

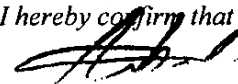
18437 Vineyard R

Enter Florida street address

Orlando, Florida 3282
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 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.



If Changing Registered Agent, Signature of New Registered Agent

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

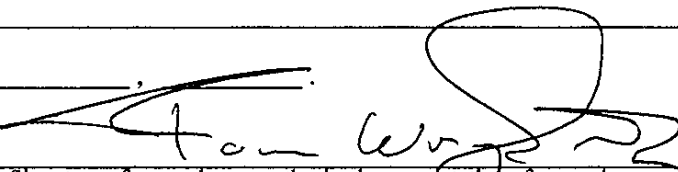
MGR = Manager

MGRM = Managing Member

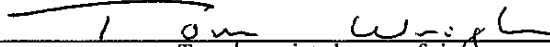
Title	Name	Address	Type of Action
MGRM	DAVIN Shepard	9248 Laguna Springs Elk Grove CA 95758	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Tom Wright	9248 Laguna Springs Elk Grove CA 95758	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated _____



Signature of a member or authorized representative of a member



Typed or printed name of signer

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TALLAHASSEE, FLORIDA