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T. CLINE

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EXAMILER

## **COVER LETTER**

TO:

Registration Section
Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

SUBJECT:	NA	TURAL	MED	i CARE	, LLC				
	<u></u>	Nam	e of Limite	d Liability	Company				
The enclosed Art	icles of Am	nendment and fee(	s) are subm	nitted for fil	ing.				
		ence concerning th			-				
	<b>F</b>								
			CE	SAR	ESTR	ADA			
	,				f Person	`			
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			<u>.                                    </u>	Firm/C	ompany	· · · · · · · · · · · · · · · · · · ·		국 G 길	
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	•			City/State a	nd Zip Code	<b>-</b> ∤		FLERRIS	12,
	-				uture annual repor			部 3	
For further inform	nation cond	erning this matter	, please cal	l:					
CES	10 F	STRADA			101 FW	1 04			
	Name of Pe			at ( <u>7</u>	486) 54 Area Code & I	2 - OT Daytime Tele	ナり ephone Number	r	
Enclosed is a che	ck for the f	ollowing amount:							
∑ \$25.00 Filing	Fee [	\$30.00 Filing Fo Certificate of		Certi	Filing Fee & fied Copy tional copy is en	closed)	Certified	te of Status &	sed)
	Registration	G ADDRESS: on Section of Corporations			STREET/Co Registration Division of C	Section			

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NATURAI		ARE, LLC	
( <u>Name of the Limited Liability</u> (A Florida Li	Company as it now app mited Liability Company	ears on our records.)	<del></del>
The Articles of Organization for this Limited Liability Co Florida document number <u>L 0800077996</u>		08-13-2008	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ed liability company b	nere:	
The new name must be distinguishable and end with the words "L.L.C."	s "Limited Liability Con	npany," the designation "L	
Enter new principal offices address, if applicable:			2009 D
(Principal office address MUST BE A STREET ADDRE	ESS)	HASSE.	C TO
Enter new mailing address, if applicable:	-	TO ON	T A STA
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>		
B. If amending the registered agent and/or register registered agent and/or the new registered office address.  Name of New Registered Agent:  New Registered Office Address:	ess here:		
	4	Enter Florida street addr	'ess
	City	, Florida	Zip Code
	Cuy		гір Сойе

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

<u>Title</u>	<u>Name</u>		Address	Type of Action
MGRM	MARCO ,	A. GAMONAL	3045 NW 97TH ST MIAMI, FL 33147	Add Remove
				Add Remove
<del></del>				Add Remove
				AddRemove
		·		SECRITARY OF ALLANSSEE, F.
				Remove
D. If ame	nding any other info	ormation, enter change(	s) here: (Attach additional sheets, if nec	essary.)
_				<del></del>
Dated 1	December	11 . 20	09.	
			r authorized representative of a member	
		Typed or	AR ESTRADA (PRE	SIDENT)

Page 2 of 2

Filing Fee: \$25.00