## L09000104376

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status

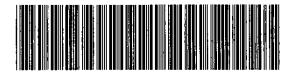
Special Instructions to Filing Officer:

L. SELLERS

MAY 10 2010

**EXAMINER** 

Office Use Only



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SECRETARY OF STATE A

## COVER LETTER

TO:	Registration Section Division of Corporat	ions		
SUBJI	ест: <u>Nat</u>	vrtra LLC Name of Limi	ted Liability Company	
The en	closed Articles of Amen	dment and fee(s) are sub	omitted for filing.	
Please	return all correspondence	e concerning this matter	to the following:	
		Ore	n Cohen Name of Person	
	_	·····	Naturtra LLC Firm/Company	
			RO Dupont place Address	
		Wellin	ngton FL 33419 City/State and Zip Code	1
		oren @ E-mail address: (i	nature ra. com to be used for future annual report notificat	ion)
For fur	ther information concern	ning this matter, please c	all:	
	Oren Cohen Name of Perso	ก	at ( <u>561)</u> 901 - 43 Area Code & Daytime To	12 elephone Number
Enclos	ed is a check for the foll	owing amount:		
<b>⊠</b> \$25	5.00 Filing Fee	330.00 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:		STREET/COURIER	ADDRESS:	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Natur Era 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 10/29/09 and assigned Florida document number 409000/04376
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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviatio "L.L.C."
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 , Florida
City  New Registered Agent's Signature, if changing Registered Agent:
RATIO
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> Name <u>Address</u> **Type of Action** Uri MGR Man ☐ Add Remove ☐ Add Remove Add Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated 4/28/10 Signature of a member or authorized representative of a member OREN COHEN
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00