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SECRETARY OF STATE

B. BOSTICK
DEC 1 3 2010
EXAMINER

## **COVER LETTER**

	istration Section ision of Corporations				
. SUBJECT:	NATURAL LAS	STING SOLUTIONS	S LLC		
	Name of Lie	mited Liability Company			
The enclosed	Articles of Amendment and fee(s) are s	ubmitted for filing.			
Please return	all correspondence concerning this matt	er to the following:			
		ERNESTO SANCHEZ	7		
		Name of Person			
		Firm/Company			
		762 SW 18TH AVENU	E		
		Address			
		MIAMI, FL 33135			
		City/State and Zip Code		7	
	OMAF E-mail address:	RARLETH@HOTMAIL  (to be used for future annual rep	.COM	10 <i>t</i> SEC	
For further in	formation concerning this matter, please	·	,	10 DEC 10 SECRÉTARY	
	ERNESTO SANCHEZ	at (_305_)	644-9144		
:	Name of Person	Area Code &	Daytime Telephone Number	PH 3: 58  OF STATE E- FLORIDA	Grant,
Enclosed is a	check for the following amount:			<b>D</b>	
<b>∑</b> \$25.00 Fil	ing Fee S30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is e	nclosed) Certified	te of Status &	)
	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327	Registration	Corporations		
Tallahassee, FL 32314		2661 Execu	itive Center Circle		

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

## NATURAL LASTING SOLUTIONS LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)

(***	TOTAL EMPIRE	Blackity Company)			
The Articles of Organization for this Limited Lia		were filed on	11/05/2009	and assigned	
Florida document number L090001068					
This amendment is submitted to amend the follow	wing:	•			
A. If amending name, enter the new name of	the limited liab	oility company her	e:		
			-		
The new name must be distinguishable and end with "L.L.C."	the words "Lim	ited Liability Compa	ny," the designation "L	LC" or the abbrevi	ation
Enter new principal offices address, if applicable:		1850 SW 8TH	STREET STE 2		T
(Principal office address MUST BE A STREET ADDRES		STE # 208A	<u> </u>	5 7	CHAPTE CA
		MIAMI, FL 33	135	mp	T
				F ST 57	J
Enter new mailing address, if applicable:		1850 SW 8TH	STREET STE 2		
(Mailing address MAY BE A POST OFFICE B	<u>OX)</u>	STE # 208A			
		MIAMI, FL 33135			
B. If amending the registered agent and/or registered agent and/or the new registered offi			ur records, <u>enter tl</u>	ne name of the	new
		<del>-</del>			
Name of New Registered Agent:					
New Registered Office Address:	1850 SW 8TH STREET STE 208A				
		Ent	er Florida street addr	208A Florida street address	
		MIAMI	, Florida	33135	
		City		Zip Code	
New Registered Agent's Signature, if changing Re	gistered Agent:	:			
I hereby accept the appointment as registered the provisions of all statutes relative to the pro accept the obligations of my position as regist being filed to merely reflect a change in the re company has been notified in writing of this cl	oper and comp ered agent as p gistered office	lete performance d provided foy in Ch	of my duties, and Ifa apter 608, F.S. Gr. i	n familiar with a f this document i	and

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 **Address Type of Action** MGR LINNETT PICORNELL 4512 COMMANDER DR # 1715 ✓ Add Remove ORLANDO, FL 32822 ☐ Add Remove Add Remove Add Remove  $\Box$ Add Remove  $\square$ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 11-19-10 Dated\_ Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00