## L10000042278

(Requestor's Name)					
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(Business Entity Name)					
(Document Number)					
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SECRETARY OF STATE ON SINIE ON OF CORPORATIONS

## **COVER LETTER**

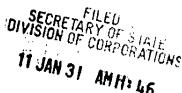
TO: Registration S Division of Co						
SUBJECT:	2 Family Products Name of Limi	ited Liability Company	<del> </del>			
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.				
Please return all corresp	ondence concerning this matter	to the following:				
	Robeigo For Fani	Name of Person  Ly Products, UC  JFirm/Company	<del></del>			
	833 Corral W					
Coral Gables, Florida 33134 City/State and Zip Code						
E-mail address: (to be used for future annual report notification)						
For further information	concerning this matter, please of	all:				
ROPRIGO LOPEZ  Name of Person		at (305) 637-0274  Area Code & Daytime Telephone Number				
Enclosed is a check for	the following amount:					
<b>∑</b> \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 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



			40
For Family Pro	iability Company	as it now appears on our r	ecords.)
(A)	lorida Limited Lia	bility Company)	
The Articles of Organization for this Limited Lia	bility Company w	vere filed on 4 20 1	O and assigned
Florida document number <u>U 0000 42</u>	2 <del>78</del> .		
This amendment is submitted to amend the follow	ving:		
A. If amending name, enter the new name of t	the limited liabili	ty company here:	
W ORGANICS, LLC.			
The new name must be distinguishable and end with "L.L.C."	the words "Limited	d Liability Company," the de	signation "LLC" or the abbreviation
Enter new principal offices address, if applical	ble:	SAME	
(Principal office address MUST BE A STREET		31,0110	
2	112241331		
Enter new mailing address, if applicable:		SAME /	
	av.	SAME	
(Mailing address MAY BE A POST OFFICE B	<u>UX)</u>		
B. If amending the registered agent and/or registered agent and/or the new registered offi		e address on our record	ds, enter the name of the new
Name of New Registered Agent:	SAME	- /	
New Registered Office Address:			
		Enter Florido	a 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 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 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** <u>Name</u> **Type of Action** Address SAME ☐ Add Remove ☐ Add Remove ☐ Add Remove Add Remove □Add Remove  $\square$ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) NONE 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