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C. LEWIS

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EXAMINER

## **COVER LETTER**

TO: Registration Sec Division of Corp		
SUBJECT:	Naturalife Colobal LC	
	Name of Limited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are submitted for filing.	
Please return all correspon	ndence concerning this matter to the following:	
	Arry Huzlert Name of Person	
	Natura Life Glubal Firm/Company	
	1500 May 57 Address	
	Palm Bay FL 32905  City/State and Zip Code  acai gald hot mail. Con  E-mail address: Ito be used for future annual report notification)	
	E-mail address: Ito be used for future annual report notification)	
For further information co	oncerning this matter, please call:	
Name of	Huzberr at (3d) 861014-1505 Person Area Code & Daytime Telephone Number	
Enclosed is a check for the	-	
\$25.00 Filing Fee	S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed)  S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	osed)

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**

FILED

Λ	1 - 1 Ca	Global	110		AM 10: 53
[ ] [ ]	TUDE CIFE	Givial	<i></i>	FERFIARY	<u>DE</u> SIATE
(Name of the Limited I	Florida Limited L	iability Company)	irs on our recor	<del>性</del> 為HASSE	E.FLORIDA
The Articles of Organization for this Limited Lia	bility Company	were filed on	8/2 <i>5/10</i>	)a	and assigned
This amendment is submitted to amend the follow	ving:				
A. If amending name, enter the new name of t	he limited liab	ility company he	<u>re</u> :		
Same					
The new name must be distinguishable and end with "L.L.C."	the words "Limit	ted Liability Comp	any," the designa	ation "LLC"	or the abbreviation
Enter new principal offices address, if applica		Same			
<u>(Principal office address MUST BE A STREET</u>	ADDRESS)	<del></del>		<del></del>	
Enter new mailing address, if applicable:		Same			
(Mailing address MAY BE A POST OFFICE B	ox)				
	<u> </u>				
B. If amending the registered agent and/or registered agent and/or the new registered offi			our records, <u>c</u>	enter the na	ame of the new
Name of New Registered Agent:	Arry Ha	cler	· • •		
New Registered Office Address:	544 Lo	the Aphle	y Cif nter Florida stre	 eet address	<del></del>
	W Mel	burne	, Flori	ida <u>38</u> 1	904
New Registered Agent's Signature, if changing Re		City		Zip	o Code

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	Michael J Huzter	544 Lake Ashley WMeikusne Fil 3294	Add Remove		
<u>MGR</u> M	Amy A Huzler	544 lake Aghley Wonelbourni FL 32904	Add Remove		
			Add Remove		
<del></del>	<del></del>		Add Remove		
	<u> </u>		Add Remove		
<del></del>			Add Remove		
D. If amend	ling any other information, enter change	(s) here: (Attach additional sheets, if necessary	20		
			FILE		
Dated	(0/25 ,,20	<u>ID</u> .	AM DE SIGNATION		
	Michael i Huzle	or printed name of signee	Hy lud		

Page 2 of 2

Filing Fee: \$25.00