

L10000129822

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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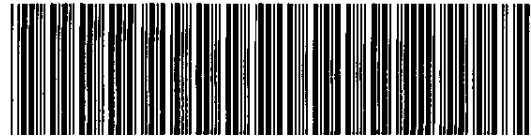
(Business Entity Name)

(Document Number)

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400190076464

Effective Date 1-1-2011

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01/10/11--01023--011 **25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2011 JAN 10 AM 11:53

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J. SAULSBERRY
EXAMINER
JAN 12 2011

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NATURAL HEALTH SOLUTIONS 4 LIFE LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JACLYN DIVINE
Name of Person
NATURAL HEALTH SOLUTIONS 4 LIFE LLC
Firm/Company
16586 BRIGADOON DRIVE
Address
TAMPA, FL 33618
City/State and Zip Code
naturalhealthsolutions4life@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JACLYN DIVINE at (727) 488-4517
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$25.00 Filing Fee
☐ \$30.00 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:
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

STATE OF FLORIDA
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

NATURAL HEALTH SOLUTIONS 4 LIFE 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 12/21/2010 and assigned
Florida document number L10000 129822, Effective Date: 1/1/2011

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 abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

JACLYN DIVINE
16586 BRIGADOON DRIVE
TAMPA, FL 33618

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:

JACLYN DIVINE

New Registered Office Address:

16586 BRIGADOON DRIVE

Enter Florida street address

Tampa
City

Florida

FL 33618
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.

Jaclyn Divine
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>	<u>Address</u>	<u>Type of Action</u>
MGRM	JACLYN DIVINE	16586 BRIGADOON DRIVE TAMPA, FL 33618	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Name Change from: JACLYN KLINE
TO: JACLYN DIVINE

Dated

1/5, 2011

Signature of a member or authorized representative of a member

JACLYN J. DIVINE

Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Certified Copy

I certify the attached is a true and correct copy of the Articles of Organization of NATURAL HEALTH SOLUTIONS 4 LIFE LLC, a limited liability company organized under the laws of the state of Florida, filed electronically on December 21, 2010 effective January 01, 2011, as shown by the records of this office

I further certify that this is an electronically transmitted certificate authorized by section 15.16, Florida Statutes, and authenticated by the code noted below.

The document number of this limited liability company is L10000129822.

Authentication Code: 101221091946-600188874186#1

Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capital, this the
Twenty First day of December, 2010

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2011 JAN 10 AM 11:53

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