11000022280

(Re	questor's Name)			
(Ad	dress)	<u> </u>		
(Ad	dress)			
(Cit	y/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Ви	siness Entity Nar	ne)		
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				

Office Use Only



200199799522

04/04/11--01056--011 **25.00

ZOIL APR -4 AM JA OUR SECRETARY OF STATE OF STAT

COVER LETTER

	ration Section on of Corporations			
SUBJECT: _		Organic Attitude, LLC Name of Limited Liability Company		
	rticles of Amendment and fee(s) are s			
		Felipe Barrios Name of Person		
American Private Label, LLC Firm/Company		_		
1700 NW 65 Avenue - Suite 13		_		
	₽	Plantation, Florida 33133	_	
	City/State and Zip Code felipe@americanprivatelabel.com E-mail address: (to be used for future annual report notification)			
For further info	rmation concerning this matter, please	call:	AHASSEE, FL	
	Felipe Barrios Name of Person	at (954) 678-4200 option Area Code & Daytime Telephone Numb	2011 APR -4 MA W. 09 SECRETARY OF STATE FALLAHASSEE, FLORIO	
Enclosed is a ch	eck for the following amount:		Dmi vo	
₹ 25.00 Filin	g Fee \$\int_\$30.00 Filing Fee & Certificate of Status	Certified Copy Certifi (additional copy is enclosed) Certifi	Filing Fee, cate of Status & ed Copy onal 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

Orga	anic Attitude, LLC		
(Name of the Limited Liabili (A Florida	ity Company as it now app a Limited Liability Compan	oears on our records.)	
The Articles of Organization for this Limited Liability Florida document numberL11000022280		-	and assigned
This amendment is submitted to amend the following:			
A. If amending name, <u>enter the new name of the li</u>	mited liability company	<u>here</u> :	
The new name must be distinguishable and end with the w"L.L.C."	ords "Limited Liability Con	mpany," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADL	ORESS)		TAL
			SER PE
			HASA T
Enter new mailing address, if applicable:			SEE T
(Mailing address MAY BE A POST OFFICE BOX)			· 一 整 · · ·
			STALE LORID
			Dm 9
B. If amending the registered agent and/or regi registered agent and/or the new registered office ad		n our records, <u>enter th</u>	e name of the new
- The second angular action of the second registered office and	diess here.		
Name of New Registered Agent:	,		
New Registered Office Address:			
	Enter Florida 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 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> Type of Action MGR Carpe Diem, LLC 834 SW 5th Street ☐ Add Boca Raton, Florida 33486 ∇ Remove ☐ Add Remove ☐ Add ☐ Remove Add Remove □Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary. Signature of a member or authorized representative of a member

Typed or printed name of signee
Page 2 of 2

ARRIOS

Filing Fee: \$25.00