

06/02/2014 01:27

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L11000043647

Florida Department of State
Division of Corporations
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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
ILLUSION'S NATURAL, LLC**

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

ILLUSION'S NATURAL, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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The Articles of Organization for this Limited Liability Company were filed on 04/12/2011Florida document number L11000043647

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:NATURAL 17, LLC

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:

12605 SW 134 CT, SUITE 107(Principal office address MUST BE A STREET ADDRESS)MIAMI, FL 33186

Enter new mailing address, if applicable:

36401 SW 214TH AVE(Mailing address MAY BE A POST OFFICE BOX)HOMESTEAD, FL 33034**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:

ALFREDO DIAZ

New Registered Office Address:

12605 SW 134 CT*Enter Florida street address*MIAMI*City*Florida 33186*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 605, 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

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If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	JUAQUIN R. GUTIERREZ	7259 NW 33 STREET	☐ Add
		MIAMI, FL 33122	☒ Remove
MGR	ALFREDO DIAZ	12605 SW 134 CT SUITE 107	☒ Add
		MIAMI, FL 33186	☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove

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

N/A

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated JULIO, 21 2014

Signature of a member or authorized representative of a member

ALFREDO DIAZ
Typed or printed name of signer

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