

L11000/30498

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : GFB TAX SERVICE LLC
Account Number : I20120000047
Phone : (754) 246-6160
Fax Number : (954) 510-2072

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: gastonbelen@gfbtaxservice.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
NATAL INVESTMENT LLC**

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 04 |
| Estimated Charge | \$25.00 |

RECEIVED
13 SEP 16 PM 1:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
13 SEP 16 AM 8:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: NATAL INVESTMENTS 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:

GASTON BELEN
Name of Person
GFB TAX SERVICE LLC
Firm/Company
5210 SW 201st TERRACE
Address
SOUTHWEST RANCHES, FL 33332
City/State and Zip Code
GASTONBELEN@GFBTAXSERVICE.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GASTON BELEN at (**754**) **246-6160**
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

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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

NATAL INVESTMENTS 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 11/16/2011 and assigned
Florida document number L11000130498

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13 SEP 16 AM 8:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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)

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:

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

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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> |
|--------------|------------------------------|---|--|
| MGR | EZEQUIEL M FERNANDEZ ALVAREZ | 2851 NE 183 STREET #502 AVENTURA, FL 33160 | <input type="checkbox"/> Add <input type="checkbox"/> Remove |
| MGR | FERNANDEZ, EZEQUIEL M | 2851 NE 183 STREET #502 AVENTURA, FL 33160 | <input type="checkbox"/> Add <input checked="" 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.)

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Dated SEPTEMBER 12, 2013

Signature of a member or authorized representative of a member

GASTON BELEN

Typed or printed name of signee