# L12000111825

(Requestor's Name)	
(Address)	<u> </u>
(Address)	
(City/State/Zip/Phor	ne #)
PICK-UP WAIT	MAIL
(Business Entity Na	nme)
(Document Number	r)
Certified Copies Certificate	es of Status
Special Instructions to Filing Officer:	
A. LUI	` <b>-</b>
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FILING CANCELLED RETURNED CHECK

10/12/12--01013--003 \*\*25.00



#### **COVER LETTER**

TO: Registration Division of C			
SUBJECT:	NATURAL PRODU	ICT LABORATORIES	LLC
		ited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	bmitted for filing.	
Please return all corres	pondence concerning this matter	r to the following:	
·		MEL WILT	
		Name of Person	To a T
	NATURAL P	RODUCT LABORATORIE	SLLC 200 7
	Firm/Company		
	390 N. WICKHAM RD. SUITE F		
		Address	7
	MI	ELBOURNE, FL 32935	7
		City/State and Zip Code	
	r E-mail address: (	nwilt@nplflorida.com to be used for future annual report not	fication)
For further information	concerning this matter, please of	call:	
	MEL WILT	at ( 321 )	725-2550
Name	e of Person		ne Telephone Number
Cratered is a shock for	the following amounts		
\$25.00 Filing Fee	r the following amount:  \$30.00 Filing Fee &  Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclose	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Regi Divi P.O.	SELING ADDRESS: stration Section sion of Corporations Box 6327 shassee, FL 32314	STREET/COUR Registration Section Division of Corportion Building 2661 Executive Country	prations

Tallahassee, FL 32301

#### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

OF

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NATURAL PRODUCT LABORATORIES 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 Liab Florida document number L120001118		08/30/12	and assigned
This amendment is submitted to amend the follow	ving:		712 BT
A. If amending name, enter the new name of the	he limited liability company here:		7
The new name must be distinguishable and end with a "L.L.C."	the words "Limited Liability Company,	" the designation	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Enter new principal offices address, if applicab	ole:		5,5
(Principal office address MUST BE A STREET	ADDRESS)		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BO	<u></u>		
B. If amending the registered agent and/or registered agent and/or the new registered office		records, enter	the name of the new
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	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

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<u> Fitle</u>	Name	<u>Address</u>	Type of Action
MGR.	MEL WILT	390 N. WICKHAM RD. SUITE F MELBOURNE, FL. 32935	Add Remove
<del></del>			Add Remove
<del></del>			Add Remove
			Add Remove
			∏Add Remove →
<del></del>			Add Remove
D. If amen —	iding any other information, e	#ASSE	ST Z
Dated	OCTOBER 9		_
		Trace	
	Signature	of a member or authorized representative of a member	
		MEL WILT Typed or printed name of signee	<del></del>
		- 2 beg or bitings imite or orbite	

Page 2 of 2

Filing Fee: \$25.00