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K.SALY EXAMINER OCT 11 2013

COVER LETTER

TO:

Registration Section **Division of Corporations**

America's Naturals 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:

Luis C. Goldner

Name of Person

America's Naturals LLC

Firm/Company

2601 E. Oakland Park Blvd., Suite 306

Address

Ft. Lauderdale, FL 33306

City/State and Zip Code

info@americasnaturals.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kathleen Brock

at (954) 440-2248, ext 204

Area Code & Daytime Telephone Number

Name of Person

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)

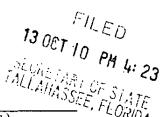
MAILING ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



America's Naturals 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 L	iability Company wer	e filed on 9/17/2012	and assigned
Florida document number	•		
This amendment is submitted to amend the fol	lowing:		
A. If amending name, <u>enter the new name (</u>	of the limited liability	company here:	
The new name must be distinguishable and end w "L.L.C."	ith the words "Limited I	iability Company," the d	esignation "LLC" or the abbreviatio
Enter new principal offices address, if appli	cable:		
(Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new mailing address, if applicable:			
Enter new maning address, it applicable: (Mailing address MAY BE A POST OFFICE			
(muning undress MAT BEATOST OFFICE	<u></u>		
	-		
B. If amending the registered agent and registered agent and/or the new registered of		address on our reco	rds, enter the name of the ne
registered agent and/or me new registered to	mee address here.		
Name of New Registered Agent:	Luis C. Goldner		
New Registered Office Address:	2601 E. Oakla	nd Park Boulevard	, Suite 306
		Enter Florid	da street address
	Ft. Lauderdale	!	, Florida <u>33306</u>
	C	ity	Zip Code
New Registered Agent's Signature, if changing	Registered Agent:		
New Registered Agent's Signature, if changing I hereby accept the appointment as register		o act in this capacity	I further garee to comply wit
the provisions of all statutes relative to the	0		

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 fereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, <u>Signature of New Registered Agent</u>

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

٠.,

Title MGR	Name Clifford Stein	Address 611 Broken Sound Parkway Northwest Boca Raton, FL 33487	Add Remove
S	Luis C. Goldner	611 Broken Sound Parkway Northwest Boca Raton, FL 33487	Add Remove
MGR	Luis C. Goldner	2601 E Oakland Park Boulevard, Suite 306 Fort Lauderdale, FL 33306	Add Remove
S	Clifford Stein	2601 E Oakland Park Boulevard, Suite 306 Ft. Lauderdale, FL 33306	Add Remove
			Add Remove
			Add Remove

D. If amending any other int	formation, enter change(s) here: (Attach additional sheets, if necessary.)	
<u></u>		
October 9th	, 2013	
*	- A-A-	
<u></u>	Signature of a member or authorized representative of a member	
	Luis C. Goldner	
	Typed or printed name of signee	•

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Filing Fee: \$25.00