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(Ad	dress)	
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COVER LETTER *

Division of C	Section Corporations			
Malac SUBJECT:	hite Naturals Boutique			
SUBSECT.	Name of Lim	nited Liability Company		
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.		
Please return all corre	spondence concerning this matter	to the following:		
	Aisha Darby			
	PrownStone	Name of Person		
	Malachite Naturals I	Boutique		
		Firm/Company		
	16057 Tampa Palm	s Blvd. #229		
	4.1 14777	Address	 	
	Tampa, FL 33647		75 20 E	
	 	City/State and Zip Code	JAN .	9
	brownstonenaturals((O >> 1 great	
	E-mail address: ((to be used for future annual report notifi	<u> </u>	ÇP-
For further informatio	n concerning this matter, please c	eail:		* •#2#
Aisha Darby		813 951-5593	IZ: 23 STATE LORIBA	ندون. الم
Nam	e of Person		Telephone Number	
Enclosed is a check for	or 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

(Name of the Limited Liability C (A Florida Lin	ompany as it now appears on our recordited Liability Company)	ds,)
The Articles of Organization for this Limited Liability Com Florida document number <u>L13000004718</u> .	pany were filed on 01/07/2013	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
Brownstone Naturals Boutique, LLC		
The new name must be distinguishable and end with the words "Limited	Liability Company," the designation "LL	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRES	<u> </u>	
		A.C
		AN A NO
Enter new mailing address, if applicable:		SS - 6
Mailing address MAY BE A POST OFFICE BOX)		
		#12: 23 STATE LORID:
		D. 23
B. If amending the registered agent and/or registere registered agent and/or the new registered office address		s, enter the name of the n
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres	ss
		orida
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

Malachite Naturals Boutique 11/

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

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

MGR = Ma AMBR = Au	nager thorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
**************************************			□ Add
			Remove

			Remove
			□ Add
			☐ Remove
			Add
			Add Add Semove
			PH Z.Add
			Add
			☐ Remove

f amending any other information, enter ch	ange(s) here: (Attach additional sheets, if necessary.)
ffective date, if other than the date of filing ne effective date must be specific, cannot be prior to date the date this document is filed by the Florida Department	e of receipt or filed date and cannot be more than 90 days after
January 4,	2015
Signature of a re	conter of authorized representative of a member
Aisha Darby	
	Typed or printed name of signee

.,p== a. p.....e a. z.g..e.

Page 3 of 3

Filing Fee: \$25.00

