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COVER LETTER

TO: Registration Section Division of Corporation		* * * *	•	
SUBJECT: JC Na	turals, LLC			
Name of Limited Liability Company				
The enclosed Articles of Ar	nendment and fee(s) are subm	nitted for filing.		
Please return all correspond	lence concerning this matter t	to the following:		
·	-			
	Joshua Marc	cus		
Name of Person				
	JC Naturals,	LLC		
		Firm/Company		
	4327 Hythe	Court		
		Address		
	Palm Harbor	r, FL 34685		
	_	City/State and Zip Code		
•	jwmarcus@hotma	ail.com o be used for future annual report notif	ication)	
	·	·	icanon)	
	cerning this matter, please ca			
Joshua Marc	cus	813 _{at} 813	848	
Name of P	erson	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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JC Naturals, LLC				
(Name of the Limite	d Liability Compar A Florida Limited L	ny as it now appears on our records.) iability Company)		
The Articles of Organization for this Limited Liz Florida document number <u>L13000033411</u>	ability Company	were filed on March 4, 2013	and assigned	
This amendment is submitted to amend the follo	wing:			
A. If amending name, enter the new name of	the limited liabi	lity company here:		
SCRUB BAR, LLC				
The new name must be distinguishable and end with the v	vords "Limited Liabi	ility Company," the designation "LLC" or	the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:		4327 HYTHE COURT		
(Principal office address MUST BE A STREE	T ADDRESS)	PALM HARBOR, FL 34685		
Enter new mailing address, if applicable:		4327 HYTHE COURT		
(Mailing address MAY BE A POST OFFICE I	<u>30X)</u>	PALM HARBOR, FL 34685		
B. If amending the registered agent and/or the new registered of			ter the name of the nev	
Name of New Registered Agent:	JOSHUA M	ARCUS		
		E COURT		
New Registered Office Address.		Enter Florida street address	المالية المالية	
	PALM HAR	BOR, Florida	34685 🚆	
		City	Zip Gode	
New Registered Agent's Signature, if changing R	egistered Agent:		32	
I hereby accept the appointment as registered provisions of all statutes relative to the prope accept the obligations of my position as regis being filed to merely reflect a change in the r company has been notified in writing of this of	er and complete p tered agent as p egistered office	performance of my duties, and I d rovided for in Chapter 605, F.S.	am familiar with and Or, if this document is	

Page 1 of 3

If Changing Registered Agent, Signature of New Registered Agent

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR/OWER	JOSHUA MARCUS	4327 HYTHE COURT	= Add
		PALM HARBOR, FL 346	85 Remove
MGR	CHRIS TOY	4327 HYTHE COURT	■ Add
		PALM HARBOR, FL 3468	85_□ Remove
MGR	PAUL MILLER	4327 HYTHE COURT	
		PALM HARBOR, FL 3468	B5 □ Remove
MGR	CASEY GRIM	12824 STANDBRIDGE D	R _ Add
		RIVERVIEW, FL 33579	9 ■ Remove
<u>.</u>		, in the second	Add (
			□ Remove
		**************************************	27
,			
			☐ Remove

If amending any other information, enter change(s) here:	(Attach additional sheets, if necessary.)
'	
Effective date, if other than the date of filing: The effective date must be specific, cannot be prior to date of receipt or filed the date this document is filed by the Florida Department of State)	date and cannot be more than 90 days after
ILINE 30 2014	
Dated JOIL 30	•
Signature of a member or authorize	ed representative of a member
JOSHUA/MARCUS	
Typed or printed n	name of signee

Page 3 of 3

Filing Fee: \$25.00