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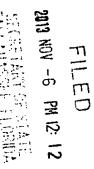
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M. Culligan NUY - 7.700

COVER LETTER

Registration Section Division of Corporations

Nature's Lab, 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:

Casey Wilson

Name of Person

Ascentia FE, LLC

Firm/Company

301 W Platt St. Suite 346

Address

Tampa, FL 33606

City/State and Zip Code

cw@ascentiafe.com

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

For further information concerning this matter, please call:

Casey Wilson

at (813) 448-6558 ext 112 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

FILED - 211 NOV -6 PM 12: 13

Nature's Lab, 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 Liabi	lity Company were filed on 4/22/2013	and assigned
Florida document number L13000058694		
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of th	e limited liability company here:	
Omega Wonders, LLC		
The new name must be distinguishable and end with th "L.L.C."	ne words "Limited Liability Company," the des	ignation "LLC" or the abbreviation
Enter new principal offices address, if applicabl	e:	
(Principal office address MUST BE A STREET A	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	O	s, enter the name of the new
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:		
	Enter Florida	street address
_		lorida
	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 amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGRM = Managing Member				
<u>Title</u>	<u>Name</u>	Address	Type of Action	
			Add	
			Remove	
			Add	
			Remove	
			Add	
			Remove	
			Add	
			Remove	
			L Add	
			Remove	
			_	
			Remove	

). If amending any of	ther information, enter change(s) here: (Attach additional sheets, if necessary.)
•	
	
Nov. 4	. 2013
Dated 1101.	
	BSA
	Signature of a member or authorized representative of a member
Brian S	Seifert, Manager
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

