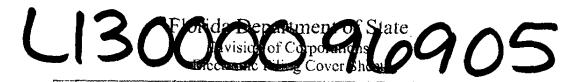
5/2/2016 12:38:34 PM PDT

13239628300 From: Amanda Sando Page 1 of 2

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H16000109134 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : I20010000062

: (323)962-8600

Fax Number

: (323)962-3889

Buter the email address for this business entity to be used for fûture annual report mailings. Enter only one email address please.

Ema	41	Address	

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN FROM PERU.COM LLC

Certificate of Status	0
Certified Copy	1
Page Count	06
Estimated Charge	\$55.00

Electronic Filing Menu

Corporate Filing Menu

Help

TO:

 $\rho = - (\lambda - V)$

COVER LETTER

TO:	Registration S Division of Co	ection porations	•	
SUBJE		ERU.COM LLC		
SUBJE	<u></u>	Name of Limi	ited Liability Company	
The enc	losed Articles of	Amendment and fec(s) are sub-	mitted for filing.	
Please re	etum all corresp	ondence concerning this matter	to the following:	
		Cheyenne Moseley		
		a nam a diministra quant nome dili bente terrepa a na a later	Name of Person	and and a graph and an area and area area.
		Legalzoom.com, Inc.		
			Firm/Company	
		101 N. Brand Blvd., 10		
			Address	r
		Glendate, CA 91203		
		11	City/State and Zip Coxle	
		calksnis@laboratoriospo E-mail address: (rtugar.com to be used for future annual report nouti	cation)
For furt	her information	concerning this matter, please of	aff:	·
Imelda	Vasquez		323 962-8600 ex	t 7950
	Namo	of Person	at () Aren Code Daytime	Telephone Number
Enclose	d 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)	☐ S60.00 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

FROM PERU.COM LLC	
(Name of the Limited Liability Company as it now apper (A Florida Limited Liability Company	ars on our records.)
The Articles of Organization for this Limited Liability Company were filed on Florida document number <u>L13000096905</u>)7/09/2013 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company	here:
Kapok Naturals LLC	
The new name most be distinguishable and end with the words "Limited Liability Company," the	to designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address of registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	on our records, enter the name of the ne
	orida sweet address
	, Florida
City	, Florida 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 provisions of all statutes relative to the proper and complete performance accept the obligations of my position as registered agent as provided for in being filed to merely reflect a change in the registered office address, I herecompany has been notified in writing of this change.	of my duties, and I am familiar with and Chapter 605, F.S. Or, if this document is

Page 1 of 3

If Changing Registered Agent, Signature of New Registered Agent

To:	Page	5	Ωf.	ß

MGR≈ Manager

5/2/2016 12:38:34 PM PDT

13239628300 From: Amanda Sando

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

AMBR = A	Authorized Member		
Title	Name	Address	Type of Action
			Add
			☐ Remove
			D. II
			□ Remove
			Remove
			□ Add
			□ Remove
 ,			Add
			TRemovel 1
			Par

DE :LABORATORIO PORTUGAL

N°LE TEL :054316031 28 ABR. 2016 11:51 P5

Article V. Carlos A. Rivera's title should be updated fro	ch additional sheets, if necessary.) m MGRM to AMBR
ffective date, if other than the date of filing:	(optional)
ne effective date must be specific, extract be prior to date of receipt or their date a be date this document is filed by the Florida Department of State)	MI CONTROL WE MENT (MAN) WE GAN'T THEI
at effective date must be specific, cannot be prior to date of receipt or such date a te date this document is filed by the Florida Department of State)	we consider the with than No dolls after
ne effective date must be specific, examos be prior to date of receipt or tised date t	The Cannot be store than 50 tays after
ne effective date must be specific, earmor be prior to date of receipt or such date a be date this document is filed by the Florida Department of State)	

Page 3 of 3 Filing Fee: \$25.00