L17 000 1 18295

(Re	questor's Name)	
(Add	dress)	
bA)	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



800263032578

08/13/14--01008--013 **25.00

TA AUG 13 PHI2: 43

COVER LETTER

TO:	Division of Corporations
SUBJE	CT: Birth The Natural Way LLC Name of Limited Liability Company
	Name of Limited Liability Company
The enc	losed Articles of Amendment and fee(s) are submitted for filing.
Please r	eturn all correspondence concerning this matter to the following:
	Michele Crimella Name of Person
	Birth The Natural Way LLC Firm/Company
	Firm/Company
	1812 Old Village Way
	Address
	Oldsmar, Fl 34677 City/State and Zip Code
	City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
For furt	her information concerning this matter, please call:
\sim	ichele Crimella at (8/3) 7/2-09/2- Name of Person Area Code Daytime Telephone Number
	Name of Person Area Code Daytime Telephone Number
Enclose	d is a check for the following amount:
\$25	.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) 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 Compan (A Florida Limited Li	y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company vi Florida document number <u>L1300018295</u> .	vere filed on 8/21/13 ar	nd assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
The new name must be distinguishable and end with the words "Limited Liabil	ity Company," the designation "LLC" or the abbrevia	tion "L.L.C."
Enter new principal offices address, if applicable:	1812 Old Village Way	×
(Principal office address MUST BE A STREET ADDRESS)	1812 Old Village Way	'7
Enter new mailing address, if applicable:	1810 Old Village We Oldsmar, Fl 34677	>
(Mailing address MAY BE A POST OFFICE BOX)	Oldsmar, FL 34677	
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here:		ame of the nev
Name of New Registered Agent:	<u> </u>	<u> </u>
New Registered Office Address:	Enter Florida street address , Florida	Total State of the
		Code +
New Registered Agent's Signature, if changing Registered Agent:	<u> </u>	

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

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

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>:

<u>e</u>	<u>Name</u>	<u>Address</u>	Type of Act
			Remove
			☐ Add
			Remove
<u> </u>			☐ Add
			Add Add Remove
			5 5 5 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
			□ Remove
			□ Remove

If amending any other information, enter	B -(-) (•
<u> </u>		
		(ontional)
Effective date, if other than the date of fil The effective date must be specific, cannot be prior to the date this document is filed by the Florida Departr		(optional) nore than 90 days after
the date this document is filed by the Florida Departr	nent of State)	(optional) nore than 90 days after
	nent of State)	(optional) nore than 90 days after
the date this document is filed by the Florida Departr	ment of State)	·
the date this document is filed by the Florida Departr	ment of State)	·
the date this document is filed by the Florida Departr	nent of State)	·

Page 3 of 3

Filing Fee: \$25.00

14 AUG 13 171 (2.43