

L13 000144001

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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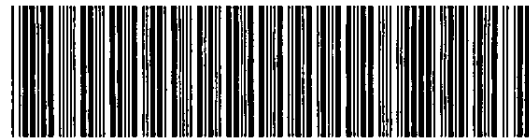
(Business Entity Name)

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TALLAHASSEE FL 32305

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T. CLINE

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Products By Nature, 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:

Sherry A Strohmeyer

Name of Person

Firm/Company

6410 SE 13th Ave

Address

Ocala, FL 34480

City/State and Zip Code

sastroh03@gmail.com

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

For further information concerning this matter, please call:

Sherry Strohmeyer

Name of Person

at (**352**) **208-8378**

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

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TALLAHASSEE, FLORIDA

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Products By Nature, LLC

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

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			☐ Add
			☐ Remove
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated 11/19, 2013.



Signature of a member or authorized representative of a member

Thomas B Strohmeyer

Typed or printed name of signee

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Filing Fee: \$25.00

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