

L14 0000 16404

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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STATE OF FLORIDA
TALLAHASSEE

JAN 27 2016
J. HARRIS

January 18, 2016

Florida Department of Corporations

Tallahassee

Attached is the form to amend Article III (section D) of my organization: SUAI NATURAL LLC, with assigned Florida document number L14000016404.

Thank you very much,



GLORIA LOTZ

3622 NW 107TH Terrace

Gainesville, Florida

32606

Phone: 352-281-8731

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SUAI NATURAL 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:

GLORIA LOTZ

Name of Person

SUAI NATURAL LLC

Firm/Company	Country	Year	Value added (\$ million)	Employees (no.)	Export value (\$ million)	Export share (%)
Alcatel	France	1987	6000	10000	1000	16.7
Bombardier	Canada	1987	1000	10000	1000	10.0
Boeing	USA	1987	10000	100000	10000	10.0
Caterpillar	USA	1987	10000	100000	10000	10.0
Daimler-Benz	Germany	1987	10000	100000	10000	10.0
Deere & Co.	USA	1987	10000	100000	10000	10.0
General Motors	USA	1987	10000	100000	10000	10.0
Hewlett-Packard	USA	1987	10000	100000	10000	10.0
IBM	USA	1987	10000	100000	10000	10.0
International Harvester	USA	1987	10000	100000	10000	10.0
Kaiser Aluminum	USA	1987	10000	100000	10000	10.0
Lockheed Martin	USA	1987	10000	100000	10000	10.0
Monsanto	USA	1987	10000	100000	10000	10.0
Polaroid	USA	1987	10000	100000	10000	10.0
Ryanair	Ireland	1987	10000	100000	10000	10.0
Sony	Japan	1987	10000	100000	10000	10.0
Toshiba	Japan	1987	10000	100000	10000	10.0
Volkswagen	Germany	1987	10000	100000	10000	10.0
Xerox	USA	1987	10000	100000	10000	10.0

3622 NW 107 TH TERRACE

Address

GAINESVILLE, FLORIDA, 32606

City/State and Zip Code

gltid@hotmail.com

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

For further information concerning this matter, please call:

GLORIA LOTZ

352 2818731

Name of Person

at (_____)

Area Code

2818731

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**

SUAI NATURAL 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 Liability Company were filed on JANUARY 30, 2014 and assigned
Florida document number L14000016404.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the 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 on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

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 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 company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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 FALL RIVER, MASSACHUSETTS

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

ARTICLE III: HOME BASED BUSINESS: HANDMADE SOAPS AND HANDMADE HOUSEHOLD ITEMS

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated JANUARY 18

2016

Signature of a member or authorized representative of a member

GLORIA LOTZ

Typed or printed name of signee

FILED
2016 JAN 26 PM 2:59
SECRETARY OF STATE
TALLAHASSEE FLORIDA