USUMMAS

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(Business Entity Name)	_
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COVER LETTER

	istration Secti							
cunicar.	Physical N	latural and Healthy LL	С					
SUBJECT:		Name of Limit	ed Liability Company					
The enclosed	l Articles of Ar	mendment and fee(s) are subr	nitted for filing.					
Please return	all correspond	lence concerning this matter t	o the following:					
		Victor Lopez						
			Name of Person					
	Firm/Company							
		6425 North West 113	3 Ct					
			Address	-				
		Doral Florida 33178						
			City/State and Zip Co	ode				
		victorlopez465@gma				 1 > >::	2815	
		E-mail address: (to	o be used for future anr	ual report notification)			æ; ≫	Y
For further in	nformation con	cerning this matter, please ca	11:			新 识	APR 2	12.414.000
Victor Lo	pez		305 at ()	796-1200		$\mathbb{X}^{\mathbb{Z}}$	24 PM	
Enclosed is a	Name of P	erson following amount:	Area Code	Daytime Telepho	one Number	FLORIDA	H 1: 39	S-ME LANGE OF
\$25.00 F		☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing F Certified Copy (additional copy is	,	\$60.00 Filin Certificate Certified C (additional co	of Status &		

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

Physical Natulal and Healthy		
(Name of the Limited (A	Liability Company as it now appears on Florida Limited Liability Company)	nur records.)
	Anril :	IE 201E
The Articles of Organization for this Limited Liab	ility Company were filed on April	and assigned
Florida document number L15000066628		
This amendment is submitted to amend the follow	ing:	
A. If amending name, enter the new name of the	e limited liability company here:	
Physical Natural and Healthy LLC		
The new name must be distinguishable and end with the wor	ds "Limited Liability Company," the desig	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	le:	·
(Principal office address MUST BE A STREET	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		records, enter the name of the new
registered agent and/or the new registered offic	e address nere:	
N. C.V. D. L. M.		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida s	reet 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 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>:

No Mary e	
No May =	e of Action
No Many C	Add
	Remove
	۸dd
	Remove
	Add
P	Remove
	emove
	emove
A	dd
Re	move

-		
Effective date, if other than	the date of filing:(optional) days after
(The effective date must be specific, the date this document is filed by the	cannot be prior to date of receipt or filed date and cannot be more than 90 he Florida Department of State)	optional) days after
(The effective date must be specific,	cannot be prior to date of receipt or filed date and cannot be more than 90 he Florida Department of State)	optional) days after
the date this document is filed by the	cannot be prior to date of receipt or filed date and cannot be more than 90 he Florida Department of State)	optional) days after

Page 3 of 3

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