

L15000103742

(Requestor's Name)

(Address)

(Address)

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(Business Entity Name)

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2015 OCT 15 PM 5:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY  
EXAMINER  
OCT 22 2015



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 18, 2015

NATURALLY NAUGHTY LLC  
LILY ATKINS  
3803 PRESERVE CT. #304  
TAMPA, FL 33624

SUBJECT: NATURALLY NAUGHTY LLC  
Ref. Number: L15000103742

RECEIVED  
15 OCT 15 AM 11:14  
TALLAHASSEE, FL 32304

We have received your document for NATURALLY NAUGHTY LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

- ✘ The document submitted is incomplete. Enclosed is the missing page to be signed.
- ✘ Are you removing Michael Murry and Lily Atkins? Please check add, remove or change.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly  
Regulatory Specialist II

Letter Number: 915A00017419

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Naturally Naughty 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:

Lily Atkins  
Name of Person

Naturally Naughty LLC  
Firm/Company

3803 Preserve Ct #304  
Address

Tampa FL 33624  
City/State and Zip Code

NaturallyNaughtyLube@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lily Atkins at (971) 600-4440  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

TO,  
**ARTICLES OF ORGANIZATION**  
OF

Naturally Naughty LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

FILED  
2015 OCT 15 PM 5:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 6/14/2015 and assigned  
Florida document number 115000103742

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:

Sage Ness

New Registered Office Address:

3803 Preserve Ct. #304

Enter Florida street address

Tampa

City

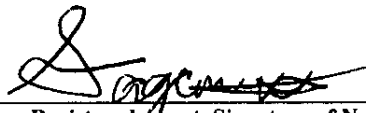
Florida

33624

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

or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Sage Ness	3803 Preserve Ct. #304 Tampa FL 33624	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Mike Murray		<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Lily Atkins		<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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TALLAHASSEE, FLORIDA

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**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.

Dated \_\_\_\_\_, \_\_\_\_\_

Signature of a member or authorized representative of a member

Lily Atkins  
Typed or printed name of signer