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## **COVER LETTER**

g.

TO:	Registration Se Division of Cor				
CUDIC	NutraOrgan	ıa, LLC			
SUBJE	CI:	Name of Lim	ited Liability Company		
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please r	eturn all correspo	endence concerning this matter	to the following:		
		Jason LeGunn			
			Name of Person		
		NutraOrgana, LLC			
			Firm/Company		
		7050 W Palmetto Park Ro	ad 15-554	16 JUN 13	
			Address		
		Boca Raton, FL 33433			
		City/State and Zip Code			
		drlarrydirect@gmail.com		PH 4:	
For furt	her information c	e-mail address: (	to be used for future annual report:	notification)	
Jason L	eGunn		561 702-7200 at ( )		
	Name o	f Person		time Telephone Number	
Enclose	d is a check for th	ne 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)	
	Registr Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COU Registration Se Division of Con Clifton Buildin 2661 Executive Tallahassee, FI	porations g : Center Circle	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NutraOrgana, LLC			
(Name of the Lim	ted Liability Company as i (A Florida Limited Liability	t now appears on our records.) y Company)	
Γhe Articles of Organization for this Limited L	iability Company were	filed on 07/06/2015	and assigned
Florida document number L15000115824			•
This amendment is submitted to amend the fol	owing:		
A. If amending name, <u>enter the new name c</u>	of the limited liability c	ompany here:	
The new name must be distinguishable and contain the	words "Limited Liability Cor	npany," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:		70
(Principal office address MUST BE A STREI	ET ADDRESS)		5 Fig
			5 m
Enter new mailing address, if applicable:			2
Mailing address MAY BE A POST OFFICE	<u>BOX)</u>		<u> </u>
			<u> </u>
B. If amending the registered agent and registered agent and/or the new registered of	ffice address here:		er the name of the nev
Name of New Registered Agent:	Jason or Merek LeGu	nn	<del> </del>
New Registered Office Address:	7050 W Palmetto Par	k Rd, 15-554	
		Enter Florida street address	
	Boca Raton	, Florida	33433
	C	lity	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>	Address	Type of Action
MGR	Theresa Badillo	12280 St Simon Dr	
		Boca Raton, FL 33428	■ Remove
			Change
MGR	Sandra LeGunn Kasten Revocable	7050 W Palmetto Pk Road 15-554	Add
		Boca Raton, FL 33433	Remove,
			16 Change A H
			Add
			Remove S
			Change
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ffective date, if other an effective date is listed to the listed to the listed date insert ocument's effective date.	ted in this block doe	s not meet the ap	plicable statutor	ng or more than 90 da y filing requiremen	(optional) ays after filing.) Pursu nts, this date will no	ant to 605.0207 ot be listed as
e record specifies The 90th day aft			not an effec	tive time, at 12	2:01 <b>a.</b> m. on th	e earlier of
June 9	1	$\frac{2016}{200}$	<del></del>			
	Agla	, TUR				
	// Signatur	re of a member or	authorized represe	ntative of a member		<del></del>

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Filing Fee: \$25.00