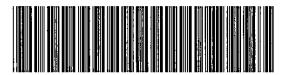
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COVER LETTER

TO:

Registration Section

Div	ision of Cor	porations				
	Natural Paths Fitness and Wellness, LLC					
SUBJECT:		Name of Limited Liability Company				
		Amendment and fee(s) are sub	-			
r lease return	an correspo	nacince concerning this matter	to the following.			
		Natalie L Smith				
			Name of Person			
		Natural Paths Fitness and	Wellness	,		
			Firm/Company			
		371 22nd Street				
			Address	16 DEC -8		
		Marathon, FL 33050				
			City/State and Zip Code	2.2		
		naturalpathsfitness@gmail.	com to be used for future annual report not			
For further in	nformation c	oncerning this matter, please c		············,		
Natalie L Sr			954 647 - 4104			
	Name o	f Person	at ()at Code Daytin	ne Telephone Number		
Enclosed is a	a check for th	ne following amount:				
■ \$25.00 F	iling 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. Bo	ING ADDRESS: ration Section on of Corporations ox 6327 rassee, FL 32314	STREET/COUR Registration Section Division of Corpor Clifton Building 2661 Executive Contact Tallahassee, FL 3	on rations enter Circle		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

A. If amending name, enter the new name of the limited liability con The new name must be distinguishable and contain the words "Limited Liability Comp Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable:	iled on July 15, 2015 mpany here:	and assigned	
Florida document number L15000119766 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability complete new name must be distinguishable and contain the words "Limited Liability Complete new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable:	mpany here:	and assigned	
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability con The new name must be distinguishable and contain the words "Limited Liability Comp Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable:			
Enter new principal offices address, if applicable:			
The new name must be distinguishable and contain the words "Limited Liability Complete Principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable:			
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable:	pany," the designation "LLC" or		
(Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable:		r the abbreviation "L.L.C."	
(Principal office address MUST BE A STREET ADDRESS) Mara Enter new mailing address, if applicable:	22nd Street		
	thon, FL 33050	3. 22	
		用 A而	
		2	
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>	
			
B. If amending the registered agent and/or registered office ad registered agent and/or the new registered office address here:	ldress on our records, <u>e</u>	enter the name of the no	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
Cu	, Floric	da	
City New Registered Agent's Signature, if changing Registered Agent:	<i>V</i>	Zip Code	

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>	Type of Action
MGR	Kevin Chicoski	371 22nd Street	
		Marathon, FL 33050	■ Remove
			Change
MGR	Robert Bellino	335 22nd Street	⊟ Add
		Marathon, FL 33050	Remove
			CRIGGE
			-8d PH
			Remove GAILLY
			□ Change
			□ Add
			□ Remove
			☐ Change
			□ Add
			□ Remove
			□ Change
 			
			Remove
			□ Change

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ffective date, if other than the date of filing:	(optional)
an effective date is listed, the date must be specific and cannot be prior to ote: If the date inserted in this block does not meet the applicable	date of filing or more than 90 days after filing.) Pursuant to 605.021 le statutory filing requirements, this date will not be listed a
ocument's effective date on the Department of State's records.	
e record specifies a delayed effective date, but not a	an effective time, at 12:01 a.m. on the earlier
The 90th day after the record is filed.	
November 30 2016	
lated,,	
Signature of a member or authoriz	ved representative of a member
U Signaturo pi a monisor oi aumioni	
~ 11	

Page 3 of 3

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