

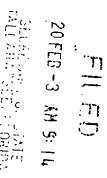
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COVER LETTER

Tallahassee, FL 32314

TO:	Registration Se Division of Co			
SUBJEC		iral Products, LLC		
SUBJEC	-1: <u> </u>	Name of Lin	nited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please re	eturn all correspo	ondence concerning this matter	to the following:	
		Bradley W. Butcher		
			Name of Person	
		Butcher & Associates, P		
			Firm/Company	
		6830 Porto Fino Circle, Su	nite 2	
			Address	
		Fort Myers, FL 33912		
For			City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
		wmcarrollbusiness@yahoo		
For furth	er information c	E-mail address: (concerning this matter, please c	to be used for future annual report	notification)
	W. Butcher	3	239 322-1651	
	Name o	of Person	at () Area Code Day	rtime Telephone Number
Enclosed	Lis a check for t	he following amount:		
	00 Filing Fee	S30.00 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	Street Address Registration	Section
	Division of C		Division of C	Corporations of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ASIAN NATURAL PRODUCTS, LLC	
(<u>Name of the Limited Liability Company a</u> (A Florida Limited Liab	as it now appears on our records.) ility Company)
The Articles of Organization for this Limited Liability Company we Plorida document number <u>L15000126438</u> .	re filed on 07/23/2015 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability	y company here:
Ancient Legends Tea, LLC	
he new name must be distinguishable and contain the words "Limited Liability C	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)	0 F
_	
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
Maining diddress MAT BLATOST OFFICE BOX)	Çñ ₽
_	
3. If amending the registered agent and/or registered office add gent and/or the new registered office address here:	ress on our records, <u>enter the name of the new reg</u> i
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	r.nier r iorida 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 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
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			□Change
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ective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date of filing of	r more than 90 days af			
te: If the date inserted in this block does not meet the applicable statutory fromment's effective date on the Department of State's records.	ling requirements, t	his date wil	l not be li	isted a
cord specifies a delayed effective date, but not an effective time, at 12:01 a.r. s filed.	n. on the earlier of:	(b) The 9	Oth day af	fter th
January 29 2020	_			
ed January 27 . 2020) 1			
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	ive of a member			