# L15000129259

| (Re                     | questor's Name)    |             |
|-------------------------|--------------------|-------------|
| (Ad                     | dress)             |             |
| (Ad                     | ldress)            |             |
| (Cit                    | ty/State/Zip/Phon  | e #)        |
| PICK-UP                 | ☐ WAIT             | MAIL        |
| (Bu                     | ısiness Entity Naı | me)         |
| (Do                     | ocument Number)    | )           |
| Certified Copies        | _ Certificate      | s of Status |
| Special Instructions to | Filing Officer:    |             |
|                         |                    |             |
|                         |                    |             |
|                         |                    |             |
|                         |                    |             |

Office Use Only



800291764948

10/31/16--01021--020 \*\*25.00

16 OCT 31 PH 2: 11

1107 0 2 2016 Y SULKER

# **COVER LETTER**

|           | Registration Se<br>Division of Cor |  |   |  |  |  |
|-----------|------------------------------------|--|---|--|--|--|
| em iec    |                                    | urcing, LLC                                  |   |  |  |  |
| SUBJEC    | Name of Limited Liability Company  |  |   |  |  |  |
| The enclo | osed Articles of                   | Amendment and fee(s) are sub-                | mitted for filing.  |  |  |  |
| Please re | turn all correspo                  | ndence concerning this matter                | to the following:   |  |  |  |
|           |                                    | Eric Kriegisch                               |   |  |  |  |
|           |                                    |  | Name of Person  |  |  |  |
|           |                                    | Nature's Sourcing, LLC                       |   |  |  |  |
|           |                                    |  | Firm/Company  | <del></del> _  |  |  |
|           |                                    | 20914 Jaffa Lane                             |   |  |  |  |
|           |                                    | ·  | Address   | <del></del>  |  |  |
|           |                                    | Land O Lakes, FL 34637                       |   |  |  |  |
|           |                                    |  | City/State and Zip Code   |  |  |  |
|           |                                    | ekriegisch@gmail.com                         |   |  |  |  |
|           |                                    | E-mail address: (                            | to be used for future annual report notific                         | cation)  |  |  |
| For furth | er information c                   | oncerning this matter, please ca             | all:  |  |  |  |
| Eric Krie | egisch                             |  | 561 537-0234<br>at ()   |  |  |  |
|           | Name of                            | f Person                                     | Area Code Daytime   | Telephone Number   |  |  |
| Enclosed  | is a check for th                  | ne following amount:                         |   |  |  |  |
| \$25.0    | 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) |  |  |



## 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

| Nature's Sourcing, LLC  |   |  |  |  |
|---|---|--|--|--|
| (Name of the Limited Liability Compa<br>(A Florida Limited  | nny as it now appears on our records.)<br>Liability Company)      |  |  |  |
| The Articles of Organization for this Limited Liability Company Florida document number L15000129289                  | were filed on July 27, 2015 and assigned                          |  |  |  |
| This amendment is submitted to amend the following:   |   |  |  |  |
| A. If amending name, enter the new name of the limited liab   | ility company here:   |  |  |  |
| The new name must be distinguishable and contain the words "Limited Liabi   | lity Company," the designation "LLC" or the abbreviation "L.L.C." |  |  |  |
| Enter new principal offices address, if applicable:   | 20914 Jaffa Lane  |  |  |  |
| (Principal office address MUST BE A STREET ADDRESS)   | Land O Lakes, FL 34637  |  |  |  |
| Enter new mailing address, if applicable:   | 20914 Jaffa Lane  |  |  |  |
| (Mailing address MAY BE A POST OFFICE BOX)  | Land O Lakes, FL 34637  |  |  |  |
| B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her |   |  |  |  |
| Name of New Registered Agent:   |   |  |  |  |
| New Registered Office Address:  | Enter Florida 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 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 =<br>AMBR = | Manager<br>Authorized Member |             |   |
|-----------------|------------------------------|-------------|---|
| <u>Title</u>    | <u>Name</u>                  | Address     | Type of Action                          |
|                 |                              | <del></del> | Add                                     |
|                 |                              |             | □ Remove                                |
|                 |                              |             | ☐ Change                                |
|                 |                              |             | ☐ Add                                   |
|                 |                              |             | □ Remove                                |
|                 |                              |             |   |
|                 |                              |             | □ Add?                                  |
|                 |                              |             | Add |
|                 |                              |             |   |
|                 |                              |             |   |
|                 |                              |             | □ Remove                                |
|                 |                              |             | ☐ Change                                |
|                 |                              |             | Add                                     |
|                 |                              |             | □ Remove                                |
|                 |                              |             | ☐ Change                                |
| _               |                              |             |   |
|                 |                              |             | □ Remove                                |
|                 |                              |             | Change                                  |

|                           | · · · · · · · · · · · · · · · · · · ·  |                |             |       |
|---------------------------|--|----------------|-------------|-------|
| •                         | •  |                |             |       |
| -                         |  |                |             |       |
|                           |  |                |             |       |
| •                         |  |                |             |       |
|                           |  | <u> </u>       | —           |       |
|                           |  |                | —           |       |
|                           |  |                |             |       |
| ,                         |  |                |             |       |
|                           |  |                |             |       |
|                           |  |                |             |       |
| -                         |  |                |             |       |
| •                         |  |                |             |       |
|                           |  |                | <del></del> |       |
| -                         | <u> </u>   | <u></u>        |             |       |
|                           |  | ###<br>        | acı         | ,     |
|                           |  | SSE            | ယ           | rade. |
|                           |  | <u></u><br>تىد | 70          | T     |
|                           |  | STAI           | Ŋ           |       |
| (If an ef<br><b>Note:</b> | fective date, if other than the date of filing:  |                |             |       |
|                           | cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. of 90th day after the record is filed. | n the e        | arlier      | of:   |
| Dated                     | October 26, 2016   |                |             |       |
|                           | $(a, \cdot k, \cdot (\cdot))$  |                |             |       |
|                           | The This   |                |             |       |

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00