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COVER LETTER

то:	Registration Se Division of Cor			
SUBJE	Nurturly, L			
SUBJE	SC1:		ited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		Oron Unger		
			Name of Person	
		Nurturly, LLC		
		}	Firm/Company	
		3344 Griffin Road		
			Address	
		Fort Lauderdale, FL 33312		
			City/State and Zip Code	
		nurturly@gmail.com		
		E-mail address: (1	to be used for future annual report notific	cation)
For fur	ther information co	oncerning this matter, please ca	all:	
Oron U	Jnger		818 300-2246 at ()	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclos	ed is a check for th	ne following amount:		
□ \$2	5.00 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)

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

SECRETARY OF SCAT

Nurturly, LLC (Name of the Limited Liability Company as it now appears on our records!

(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on September 30, 2015 Florida document number L15000166416 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." 3344 Griffin Road Enter new principal offices address, if applicable: Fort Lauderdale, FL 33312 (Principal office address MUST BE A STREET ADDRESS) 3344 Griffin Road Enter new mailing address, if applicable: Fort Lauderdale, FL 33312 (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: New Registered Office Address: Enter Florida street address

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

MGR = Manager AMBR = Authorized Member			FILED
<u>Title</u>	<u>Name</u>	Address	2015 OCT -9 PH Type of Action TALLAHASSEE, FLORIDA
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ective date, if other than the date of the effective date is listed, the date must be specifice: If the date inserted in this block does not ment's effective date on the Department.	ic and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.6 not meet the applicable statutory filing requirements, this date will not be listed
record specifies a delayed effection he 90th day after the record is file	ve date, but not an effective time, at 12:01 a.m. on the earlied.
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Filing Fee: \$25.00