16000031876

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K. SALY MAR 1 4 2017



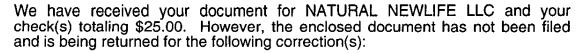
FLORIDA DEPARTMENT OF STATE Division of Corporations

February 23, 2017

NATURAL NEWLIFE LLC ARNOL ESQUIVEL 901 SW 3RD AVE, APT. 9 MIAMI, FL 33130

SUBJECT: NATURAL NEWLIFE LLC

Ref. Number: L16000031876



The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is L15000112485 "NEW LIFE CLEANING SERVICE LLC".

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly Regulatory Specialist II

Letter Number: 017A00003557

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MINN ON P. 12

COVER LETTER

Division of Corp	orations		
SUBJECT: Notw	Name of Limit	ited Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing,	
Please return all correspon	dence concerning this matter	to the following:	
	Avnol	FSquive Name of Person	<u> </u>
	Natural	Now Life LLC Firm/Company	
	901 SW	3 due Apt	9
	<u>M. ami</u>	FI 33130 City/State and Zip Code	
	E-mail address: (t	o be used for future annual report notifi	cation)
For further information con	ncerning this matter, please ca	ıll:	
Aval Es	guivel	at (786) 473 8	3 Y O Telephone Number
Name of t	reison	Area Code Dayume	Telephone Number
Enclosed is a check for the	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)
		•	

MAILING ADDRESS:

Registration Section

TO:

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

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rds.)	AHAS	167 M. 3LE. F	AM 10:21 ESTATE LORIDA
	1.7		~ 0/90j <u>;</u>

The Articles of Organization for this Limited Liability Company were filed on 0?-15-2016 and assigned Florida document number 1160003167

This amendment is submitted to amend the following:

(Mailing address MAY BE A POST OFFICE BOX)

A. If amending name, enter the new name of the limited liability company here:

New Life & Kike C	leaning LLC
The new name must be distinguishable and contain the words "Limited Liabilit	y 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)	
Enter new mailing address, if applicable:	

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	
	, Flo	rida

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, <u>enter the title</u>, <u>name</u>, <u>and address of each person_being added or removed from our records</u>:

MGR = M $AMBR = A$	lanager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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		Hiam: Fl 33126	D.Kemove
			Change
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f am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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an ef ote:	tive date, if other than the date of filing:	
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier a 90th day after the record is filed.	of
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	SUMMA STATEMENT A	
	Signature of a member	
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Filing Fee: \$25.00