

L16000032944

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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WAIT

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MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

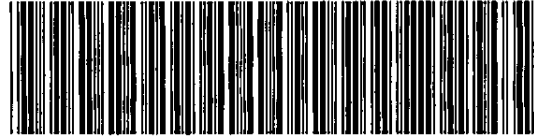
Certificates of Status _____

Special Instructions to Filing Officer:

CORRECTION TO DOCUMENT PER
CONVERSATION WITH
JUAN SANCHEZ
11/16/2016
KS

W16-73716 RA sign

Office Use Only



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10/28/16--01012--019 **30.00

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2016 NOV 14 PM 12:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY

NOV 16 2016



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 31, 2016

EL VIVERO LLC
JUAN OSCAR SANCHEZ
12781 MIRAMAR PKWY, STE. 303
MIRAMAR, FL 33027

SUBJECT: EL VIVERO LLC
Ref. Number: L16000032944

RECEIVED
2016 NOV 14 PM 3:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for EL VIVERO LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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: 616A00023351

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: EL VIVERO LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JUAN OSCAR SANCHEZ
Name of Person

EL VIVERO LLC
Firm/Company

12781 MIRAMAR PKWY, SUITE 303
Address

MIRAMAR, FL 33027
City/State and Zip Code

JSANCHEZ@USCUVEN.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JUAN OSCAR SANCHEZ at 954 885-5042
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

EL VIVERO LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 2/19/2016 and assigned
Florida document number L16000032944.

This amendment is submitted to amend the following:

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

GOOD NATURAL LIFE LLC

The new name must be distinguishable and contain the words "Limited Liability 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:

(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:

JUAN OSCAR SANCHEZ

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 = Manager
AMBR = Authorized Member

Title	Name	Address	Type of Action
MGR	LUIS BADELL	12781 MIRAMAR PKWY STE 30	<input checked="" type="checkbox"/> Add
		YLEANA VIVAS	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	VERONICA BADELL	12781 MIRAMAR PKWY STE 30	<input checked="" type="checkbox"/> Add
		MARILENA VIVAS MUNOZ	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	LUIS BADELL JR	12781 MIRAMAR PKWY SUITE	<input checked="" type="checkbox"/> Add
		ELEONORA VIVAS SANCHEZ	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
		LORENA VIVAS SANCHEZ	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
		SILVIA VIVAS	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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TALLAHASSEE, FLORIDA

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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TALLAHASSEE, FLORIDA

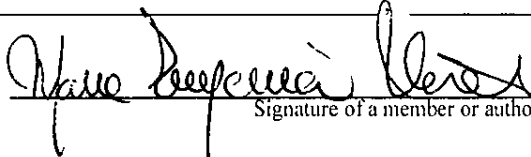
E. Effective date, if other than the date of filing: 10/25/2016 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated OCTOBER 25 2016



Signature of a member or authorized representative of a member

MARIA E. VIVAS

Typed or printed name of signee