

Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet**L14000043109**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000273595 3)))



H220002735953ABC2

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : PAGIO'S & ASSOCIATES, LLC
Account Number : I2010000043
Phone : (305)397-8553
Fax Number : (305)397-8521

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: markowiczhernan@gmail.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
NATURAL MENTE LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

2022 AUG 12 PM 4:42

FILED
2022 AUG 12 AM 10:48
DIVISION OF CORPORATIONS
FLORIDA

Aug. 12. 2022 4:09PM

COVER LETTER

No. 4476 P. 2

TO: Registration Section
Division of Corporations

H22000273595 3

SUBJECT: NATURAL MENTE 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:

HERNAN D. MARKOWICZ

Name of Person

NATURAL MENTE LLC

Firm/Company

2927 SW 1ST STREET

Address

MIAMI, FL 33135

City/State and Zip Code

MARKOWICZHERNAN@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

HERNAN D. MARKOWICZ

786

647-0704

at ()

Name of Person

Area Code

Daytime 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
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Aug. 12. 2022 4:09PM

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

No. 4476 P. 3

H22000273595 3

NATURAL MENTE 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 03/01/2016 and assigned
Florida document number L16000043109.

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."

Enter new principal offices address, if applicable:

2927 SW 1ST STREET

(Principal office address MUST BE A STREET ADDRESS)

MIAMI, FL 33135

Enter new mailing address, if applicable:

2927 SW 1ST STREET

(Mailing address MAY BE A POST OFFICE BOX)

MIAMI, FL 33135

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:

HERNAN D. MARKOWICZ

New Registered Office Address:

2927 SW 1ST STREET

Enter Florida street address

MIAMI


Florida

City

33135
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.


(Signature of New Registered Agent)

If Changing Registered Agent, Signature of New Registered Agent

If at Aug. 12, 2022, 4:10 PM No. 4476 P. 4 ng added
son(s) authorized to manage, enter the title, name, and address of
or removed from our records:

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MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	HERNAN D. MARKOWICZ	2927 SW 1ST STREET	<input type="checkbox"/> Add
		MIAMI, FL 33135	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	SOUNDS OF THE SEASON LLC	2927 SW 1ST STREET	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33135	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

[illegible]

E. Effective date, if other than the date of filing: 08/10/2022 (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 AUGUST 10 2022

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Signature of a member or authorized representative of a member

HERNAN D. MARKOWICZ

Typed or printed name of signee