L16000063176

(Re	questor's Name)	
(Add	dress)	
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(City	y/State/Zip/Phone	e #)
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COVER LETTER

	Registration Se Division of Cor					
CUBICO	NATURA	NATURAL CAPITAL MINING, LLC				
SUBJEC	.1:	Name of Lim	ited Liability Company			
The enclo	osed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please re	turn all correspo	indence concerning this matter	to the following:			
		Cheyenne Moseley				
			Name of Person			
		Legalzoom.com, Inc.				
		Firm/Company 101 N. Brand Blvd., 11th Floor Address				
		Glendale, CA 91203				
		**************************************	City/State and Zip Code	,, , , ,,,, ,, , , , , , , , , , , , ,		
		jbuck@naturalcapitalltd.				
		E-mail address: (to be used for future annual report notif	ication)		
For furth	er information c	oncerning this matter, please ca	all:			
Imelda `	Vasquez		800 773-0888 e.			
	Name o	f Person	Area Code Daytime	e Telephone Number		
Enclosed	is a check for the	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)		

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

NATURAL CAPITAL MINING, LLC (Name of the Limited Lightlity Compa	inv as it now annears on our re	ecords)
(Name of the Limited Liability Compa (A Florida Limited)	Liability Company)	<u> </u>
The Articles of Organization for this Limited Liability Company Florida document number $\frac{L16000063176}{L16000063176}$.	were filed on 03/29/2016	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 end with the words "Limited Liab	ility Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	333 SE 2ND AVE.	
(Principal office address MUST BE A STREET ADDRESS)	20TH FLOOR, WELLS	S FARGO TOWER
	MIAMI, FLORIDA 331	131
Enter new mailing address, if applicable:	333 SE 2ND AVE.	
(Mailing address MAY BE A POST OFFICE BOX)	20TH FLOOR, WELLS	FARGO TOWER
	MIAMI, FLORIDA 331	131
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		ords, <u>enter the name of the new</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street ad	ddress
		, Florida
N. D. I	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

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 amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	Name	Address	Type of Action
AMBR	JOHN A BUCK II	1234 NE 89TH STREET	🗆 Add
		MIAMI, FL 33138	⊠ Remove
AMBR	JOHN A BUCK II	333 SE 2ND AVE.	⊠ Add
		20TH FLOOR, WELLS FARGO TOWER	Remove
		MIAMI, FL 33131	
			Add
			Remove
			🗀 Add
			Remove
			Add_
			Remove
	- 1-1		Remove 16 PM 1:497
			□ Remove

ii amen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
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(The effecti	to date, if other than the date of filing: (optional) ive date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after his document is filed by the Florida Department of State)
Dated	3/14 \ 2017
	1 daw A MULL
	Signature of a member or authorized representative of a member JOHN A BUCK II
	Typed or printed name of signee

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Filing Fee: \$25.00