## Division of Corporations Electronic Filing Cover Sheet

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.

(((H160001341553)))



H160001341553ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

Division of Corporations Fax Number : (850)617-6383  From:  Account Name : LAZARUS CORPORATE FILING SERVICE, INC.  Account Number : 120000000019 Phone : (305)552-5973 Fax Number : (305)675-5944  **Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.  Email Address:	Division of	Corponations	-
Account Name : LAZARUS CORPORATE FILING SERVICE, INC.  Account Number : I20000000019  Phone : (305)552-5973  Fax Number : (305)675-5944  **Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.  **			
Account Name : LAZARUS CORPORATE FILING SERVICE, INC.  Account Number : I20000000019  Phone : (305)552-5973  Fax Number : (305)675-5944  **Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.  **Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.  **Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.  **Enter the email address for this business entity to be used for future annual report mailings.	Lax Mamper	: (850)617-6383	. <del>35</del>
Account Name : LAZARUS CORPORATE FILING SERVICE, INC.  Account Number : I20000000019  Phone : (305)552-5973  Fax Number : (305)675-5944  **Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.  **Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.  **Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.  **Enter the email address for this business entity to be used for future annual report mailings.	Cana		
Account Number: 120000000019 Phone : (305)552-5973 Fax Number : (305)675-5944  **Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **	· · •	. 147amië componere er tau cen	THE SOL
Phone : (305)552-5973 Fax Number : (305)675-5944  **Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **			MICE INC SEE
Fax Number : (305)675-5944  **Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**			-63 °
**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**			· · · · · · · · · · · · · · · · · · ·
annual report mailings. Enter only one email address please.**	Fax Number	: (305)675-5944	
annual report mailings. Enter only one email address please.**			္သည္က ယ္
annual report mailings. Enter only one email address please.**			
	**Enter the email ad	dress for this business entity to	be used for future
	annual report #	ailings. Enter only one email add	dress please.**
Email Address:		-	-
	Email Address:		
		<del></del>	<del></del>

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 1.A.R. NATURAL, LLC

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

Electronic Filing Menu

Corporate Filing Menu

Help

## ARTICLES OF AMENDMENT H 1 8 0 0 0 1 3 4 1 5 5 ARTICLES OF ORGANIZATION OF

(Name of the Limit	1.A.R. NATURAL, LLC  ed Liability Company as it now appears (A Florida Limited Liability Company)	on our records.)	
The Articles of Organization for this Limited Li Florida document number 116000089172		05/05/2016	and assigned
This amendment is submitted to amend the follow	owing:		
A. If amending name, enter the new name of	the limited liability company ber	<u>.ē</u> :	
The new name must be distinguishable and contain the w	ords "Limited Liability Company," the do	signation "LLC" or the abb	revision "L.L.C."
Enter new principal offices address, if applic	able;	<u>:</u>	. <u>.</u>
(Principal office address MUST BE A STREE	· — — · · · · ·		7 7
•			
Enter new mailing address, if applicable:			me m
(Mailing address MAY BE A POST OFFICE	BOX)		
	<del></del>		R 2
B. If amending the registered agent and/ registered agent and/or the new registered of	or registered office address on fice address here:	our records, <u>enter t</u>	he name of the new
Name of New Registered Agent:	ROBERTO RODRIGUEZ		
New Registered Office Address:	412 NW S7TH AVENUE .		
	Enter Florid	da sireet address	
	MIAMI	, Florida <sup>33</sup> 12	:6
	City		Zip Code
New Resistered Agent's Signature, if changing E	logistered Agent:		
I hereby accept the appointment as registered provisions of all statutes relative to the proper accept the obligations of my position as registering filed to merely reflect a change in the recompany has been notified in writing of this company has been notified.	er and complete performance of n stered agent as provided for in Cl registered office address, I hereby	ny duties, and I am fa hapter 605, F.S. Or, ij confirm that the limi	miliar with and This document is ted liability

LAZARUS

PAGE 04/04

#8997 P.003

## 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 H16000134155

Title	Name	Address	Type of Action
MGR	ROBERTÓ RODRIGUEZ	412 NW 57TH AVENUE	B A44
		MIAMI FLORIDA 33126	□ Remove
			Change
MGR	GARLY M GARGUREVICH	412 NW 57TH AVENUE	— ₽ Add
		MIAMI PLORIDA 33126	□ Remove
			Change
<del></del>			
			☐ Remove
			Change
			D Add
			□ Remove
			Change
			D Add
			Remove
	•		En Change
			PEST ST Remove
			□ Change

/01/2016 <b>If amendin</b> s		305220			LAZ	ZARUS			ł	PAGE 0	3/04
If amending							ı	H166	<b>64970</b> .	1034	1 5
		er informs	ation, ente	r change(s)	here: (Atta	ch addutonal :	sheets, if nac	essary.)			
NONE	<u> </u>		<del></del>			<del></del>			···		
			<del></del>	···					<u>-</u> -		
	<u></u>										
				<del></del>	<del></del>			····			
					<u></u>	<del></del>					
-				····		· · · -					
<del></del>					······	· · · · · · · · · · · · · · · · · · ·					
								<del></del>			
								· · · · · · · · · · · · · · · · · · ·			
· <del>····</del>	<u> </u>										
		· · ·									
-											
		·									
						<u> </u>	<del></del>		<del>,</del>		
				<del></del>	· · · · · · · · · · · · · · · · · · ·						
			:								
						,					
15 de antoire d	ada 15-dh	4 4 .	a data of f	H!_ 4.			/onti	/lanal			
, introctive us (If an effective	nue, is our date la liste	ich the date m	net pe ebecig:	: and cannot be	prior to date o	of filing or more th	an 90 days afte	r filing.) Pur	usht to 605	.0207 (3)(b)	
Note: If the	e date inser	rted in this b	block does n	of State's rec	pplicable sta	mtory filing req	wirements, th	is date will i	tot pe lizu	so as the	
the record	specifier	s a delaye	ed effectiv	e date, bu	t not an e	ffective time	, at 12:01	a.m. an t	he carli	er of:	
) The 90th	h day af	ter the re	cord is file	ad.					•		
it INT	E 01ST			2016	^						
Dated		·	_ <del></del> _	—	<b>7</b> /·		<u>.</u> .	2818			
				2112	<i>t</i>		نے				
	<del></del>		Signature	of a member of	authorized r	presentative of a	member	<u>,≥</u>		<del></del> -	
. –		3.845544	( Decor	I			:	?~~ —	n	n	
			JEZ.				•	<sup>™</sup> 2 ~	- 1 t	· u	
 •	ROBERTO					AF 1 (FTA)		<del></del>			
	ROBERTO			Typed o	printed name	of signoo		<del></del>	, (	フ	
- ! "	ROBERTO			,,	printed name				)	כ	