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SECRETARY OF STATE
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D. SCOTT FEB 3 2017

## COVER LETTER

Registration Section

TO:

Division of Corporations	
SUBJECT: The Natural Path Name of Lin	Awpuncture, LLC nited Liability Company
The enclosed Articles of Amendment and fee(s) are sub-	omitted for filing.
Please return all correspondence concerning this matter	to the following:
The Na	L. P. Golfo (member)  Name of Person  Hal Path Augunchine, LLC  Firm/Company  eattle Trail  Address  Coast, FL 32164  City/State and Zip Code
	City/State and Zip Code
natural Pa E-mail address:	thacupencture agmail. (om  to be used for future annual report notification)
For further information concerning this matter, please of	call:
Wendy L. P. Golfo Name of Person	at (386) 237-8714 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:  \$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & S60.00 Filing Fee Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is endforced)
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

The National	Path Ac	upincture,	<u> </u>	
( <u>Name of the Limite</u>	A Florida Limited I	ny as it now appears on g Liability Company)	our records.)	
The Articles of Organization for this Limited Lia		were filed onO	001/201	and assigned
Florida document number <u>L16000106</u>	771.			
This amendment is submitted to amend the follo	wing:		please o	mit the "The
A. If amending name, enter the new name of Natural Path Acu			possib	or worse) Thank
The new name must be distinguishable and contain the we	ords "Limited Liabi	lity Company," the designa	ition "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applica	ıble:	NA		
(Principal office address MUST BE A STREE)	T ADDRESS)	·		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE I  B. If amending the registered agent and/ore registered agent and/or the new registered office.)	or registered of		records, enter	the name of the new
Name of New Registered Agent:	NA			
New Registered Office Address:	AIN			TSE 3
		Enter Florida sti	reet address	超哥卫
		City	, Florida	Jub Coder M
New Registered Agent's Signature, if changing R	egistered Agent:	•		明年之
I hereby accept the appointment as registered provisions of all statutes relative to the prope accept the obligations of my position as regis being filed to merely reflect a change in the r company has been notified in writing of this c	er and complete stered agent as p registered office	performance of my a provided for in Chap	luties, and I am j ter 605, F.S. Or,	lamilfin With मिर्गुत if this document is
	1167	JJA	CAL B	<del></del>
	If Cha	nging Registered Agent, §	signature of New Re	gistered Agent

MGR = Manager AMBR = Authorized Member <u>Title</u> Name 1 <u>Address</u> **Type of Action** \_□ Add □ Remove \_□ Change \_D Add \_□ Remove \_□ Change \_□ Add ☐ Remove \_ Change \_□ Add □ Remove \_□ Add ☐ Remove

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

or removed from our records:

\_□ Change

. If amending any oth	er information, enter change(s) he	re: (Attach additional she	
-			
<u></u>			
F-1-1-1-1			
		10-10-10-10-10-10-10-10-10-10-10-10-10-1	
<del> </del>			
Note: If the date inser	er than the date of filing:  I, the date must be specific and cannot be prited in this block does not meet the applate on the Department of State's record	licable statutory filing requir	(optional)  90 days after filing.) Pursuant to 605.0207 (3) the ements, this date will not be fisted as the
	a delayed effective date, but reer the record is filed.	not an effective time, a	t 12:01 a.m. on the earlier of:
Dated Janu	ary 20th, 201	<del>7</del> .	CREW FI
	hendyffe	offer membes	nber nber
	Signature of a member or au Wendy L. P. G	thorized representative of a mer	nber

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00