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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. (((H16000256315 3))) H160002583153ABC\$ Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet. To; Division of Corporations Fax Number : (850)617-6383 From: Account Name : SUPERBIZ.COM, INC. Account Number : 120070000160 Phone : (800)494-3124 : (305)675-2811 Fax Number **Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.** Email Address:__ 23 LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 2 NATURAL GC LLC ____ Certificate of Status 0 Certified Copy 0 \searrow Page Count ----03 Estimated Charge \$25.00 -

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NATURAL GC 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 09/30/2016 and assigned Florida document number L16000183157

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 de	
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
	and the set of the set
Enter new mailing address, if applicable;	
(Mailing address MAY BE A POST OFFICE BOX)	
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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:		
New Registered Office Address:	Emer Florida ștrest addres	5
		orida
	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

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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
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			Change



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

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ve date, if other than the date of filing:	(optional)

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	2016
	Prove Plka
	Signature of edmonber or autoprized representative of a member
	CRAIG M RIFKIN
	Typed or printed name of signce

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