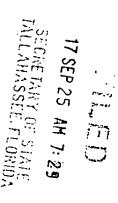
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates of	Status
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## · COVER LETTER

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SUBJECT		÷.	ited Lighility Company	<del></del>
		Name of Lin	ned Habinty Company	
The enclos	ed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please retu	rn all correspo	ndence concerning this matter	to the following:	
		PHILIP J. STODDAŘD		
	ed Articles of Amendment and feets) are submitted for filing.  In all correspondence concerning this matter to the following:  PHILIP J. STODDARD  Name of Person  NORTH STAR ASSOCIATES, LLC  FirmeCompany  3364 13TH STREET  Address  ELKTON, FL 32033  City/State and Zip Code  PHIL@NORTHSTARPLCOM  E-mutt address: (to be used for future annual report notification)  information concerning this matter, please call:  STODDARD  Name of Person  Area Code  PHIL@NORTHSTARPLCOM  E-mutt address: (to be used for future annual report notification)  information concerning this matter, please call:  STODDARD  Name of Person  Status & Certified Copy (additional copy is enclosed)  MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327  Tallahassec, Fl. 32314  Zefol Executive Center Circle			
		NORTH STAR ASSOCIA	TES, LLC	for filing.  following:  Name of Person  LC  Firm/Company  Address  State and Zip Code  ed for future annual report notification)  355.00 Filing Fee & Sco.00 Filing Fee. Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed)  STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building
			Firm/Company	
		3364 13TH STREET		
			Address	
		ELKTON, FL 32033		
			City/State and Zip Code	
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<b>U</b> €	· · · · · · · · · · · · · · · · · · ·		·	mication)
		oncerning this matter, piease c		
PHILIP J.			at ()	
	Name o	f Person	Area Code Daytii	ne Telephone Number
Enclosed is	s a check for th	ne following amount:		
<b>■</b> \$25.00	Filing Fee		Certified Copy	Certificate of Status & Certified Copy
	Registr Divisio P.O. Bo	ation Section on of Corporations ox 6327	Registration Secti Division of Corpo Clifton Building 2661 Executive C	ion prations Center Circle

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DIY KOMBUCHA, LLC		
(Name of the Limite	d Liability Company as it now appears on our records.) A Florida Limited Liability Company)	
] \ 	A Funda Emined Claumky Company)	
The Articles of Organization for this Limited Lin	ability Company were filed on January 19, 2017 and as	ssigned
Florida document number L17000012224		
This amendment is submitted to amend the follo	wing:	
A. If amending name, enter the new name of	the limited liability company here:	
NATURAL SPRINGS FARM, LLC		
The new name must be distinguishable and contain the wo	ords "Limited Liability Company," the designation "LLC" or the abbreviation "I	L.C."
Enter new principal offices address, if applica	ıble:	
(Principal office address MUST BE A STREET	T ADDRESS)	
***		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE E	<u></u>	
	or registered office address on our records, enter the name	of the n
registered agent and/or the new registered off	ice address here:	
Name of New Registered Agent:		17
		SF
New Registered Office Address:	Enter Florida street address S = 1	<del>3                                    </del>
	Emer Florad Sireel address	7 11/1
	Florida 71	250
1	City Code	****
New Registered Agent's Signature, if changing Re	egistered Agent:	Sec man P
I hereby accept the appointment as registered	l agent and agree to act in this capacity. I further agree to com	ply with t
provisions of all statutes relative to the prope	r and complete performance of my duties, and I am familiar wi	th and
accept the obligations of my position as regist	tered agent as provided for in Chapter 605, F.S. Or, if this doc	ument is
	egistered office address, I hereby confirm that the limited liabil	lity
company has been notified in writing of this c	hange.	
ı		
	If Changing Registored Agent, Signature of New Registered Age	en <b>t</b>

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

<u>Title</u>	<u>Name</u>	!	Address	Type of Action
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			RIDA	<b>39</b>
Effective date, if other than fan effective date is listed, the date Note: If the date inserted in the locument's effective date on the locument of the locume	must be specific and cannot be	prior to date of filing or more the pplicable statutory filing req cords.	(optional) nan 90 days after filing.) Pursu juirements, this date will n	ot be listed as
e record specifies a dela The 90th day after the	eyed effective date, bu record is filed.	t not an effective time	, at 12:01 a.m. on th	ie earlier of
Dated SEPT. Z	2 . 20	17.		
- Cha	Signature of a member or	authorized representative of a	member	<del></del>
$\mathcal{D}_{\lambda}$	7 8 7 1	Printed name of signee		

Page 3 of 3

Filing Fee: \$25.00