## L17000022703

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## COVER LETTER

TO:	Registration Sec Division of Corp					
oun ir	Natural Krov	wnz, LLC				
SUBJE	.C1:	Name of Lim	ited Liability Company	,	· · · · · · · · · · · · · · · · · · ·	
The end	closed Articles of A	Amendment and fee(s) are sub-	mitted for filing.			
Please 1	return all correspor	ndence concerning this matter	to the following:			
		Bianca Hardy				
			Name of Person	<del>                                     </del>		
			Firm/Company			
		3101 Enclave Way				
			Address			
		Lauderhill, FL 33319				
		naturalkrownz@gmail.com	City/State and Zip C	Code		
		E-mail address: (	to be used for future an	nual report notifica	ation)	
For fur	ther information co	ncerning this matter, please ca	ıll:			
Bianca	Hardy		954 at (	732-2921 )		
	Name of	Person	Area Code	Daytime T	elephone Number	
		e following amount:	_			
<b>■</b> \$25	5.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing I Certified Cop (additional copy	у	S60.00 Filing Certificate of Certified Co (additional cor	of Status &
	Registra Divisior P.O. Bo	NG ADDRESS: stion Section of Corporations x 6327 ssee, FL 32314	R <sup>l</sup> egi Divi Clift 2661	SEET/COURIER stration Section sion of Corporati on Building Executive Center shassee, FL 3230	ons er Circle	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Natural Krownz, 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  $\frac{01/30/2017}{1}$ and assigned Florida document number L17000022703 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 designation "LLC" or the appreviations" L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: Enter Florida street address City 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

	d from our records:		
MGR = 1 AMBR = 1	Manager Authorized Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	JUDDETH MILLWOOD	3101 Enclave Way	Add
		Lauderhill. FL 33319	■ Remove
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amending any other information, e	nter change(s) here: (A	ttach additional sheets, if n	ecessary.)
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Fective date, if other than the date on effective date is listed, the date must be specife: If the date inserted in this block document's effective date on the Departm	eific and cannot be prior to dat es not meet the applicable s	e of filing or more than 90 days a	
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ied July 20	3017		JUL 26   ALASSE
Signate	ure of a member or authorized	representative of a member	P# 2:
Dance	Typed or printed nar		

Page 3 of 3

Filing Fee: \$25.00