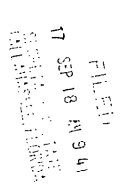
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(Requestor's Name)	
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(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	<u> </u>
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COVER LETTER

TO:	Registration Sec Division of Corp		
SUBJE	Organic Wh	ole Herbs LLC	
SUBJE	<u> </u>	Name	of Limited Liability Company
The end	closed Articles of A	Amendment and fee(s)	 tre submitted for filing.
Please	return all correspor	ndence concerning this	matter to the following:
		Jeremy Carew-Reid	
			Name of Person
		Organic Whole Her	bs LLC
			Firm/Company
		75 N Woodward Av	re #80264
			Address
		Tallahassee, FL 323	13
			City/State and Zip Code
		E-mail ad	dress: (to be used for future annual report notification)
For furt	her information co	ncerning this matter, pl	ease call:
Patrick	Cooper		615 918-9505
	Name of	Person	Area Code Daytime Telephone Number
Enclose	d is a check for the	e following amount:	
\$25	.00 Filing Fee	□ \$30.00 Filing Fee Certificate of Sta	
	Registra Division P.O. Bo:	NG ADDRESS: tion Section of Corporations x 6327 see, 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

Organic Whole Herbs LLC		
(Name of the Lin	nited 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 03/06/2017	and assigned
Florida document number L17000051248		
This amendment is submitted to amend the fo	 llowing: 	
A. If amending name, enter the new name	of the limited liability company here:	
Herbal Nutrition Labs LLC		
The new name must be distinguishable and contain the	words "Limited Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if app	 icable:	
(Principal office address MUST BE A STRE		
Enter new mailing address, if applicable:		
	E DOLD	· · · · · · · · · · · · · · · · · · ·
(Mailing address MAY BE A POST OFFIC	<u> </u>	
B If amounting the magistaned agent as	d/or registered office address on our records, ente	
registered agent and/or the new registered		r the name of the nev
		بس م
Name of New Registered Agent:		
		E . B
New Registered Office Address:	Enter Florida street address	
	, Florida _	Zıp Code C
New Registered Agent's Signature, if changing	,	
Sen Medicies Arene 3 Signature, il thangin	K INCENTION APERT.	-

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

If amendin	g Authorized Person(s) authori from our records:	zed to manage, <u>enter the title, name, a</u>	nd address of each person being adde
MGR = Manager AMBR = Authorized Member			
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Remove
			Add
			□ Remove
			Change
			Add
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			□ Remove
			Change

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iffective date, if other than the date of an effective date is listed, the date must be spective. If the date inserted in this block doe document's effective date on the Department.	ificand cannot be prior to date of filing or more than 90 days after filing) is not meet the applicable statutory filing requirements, this date with the control of the co	will not be listed as
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e record specifies a delayed effec The 90th day after the record is	tive date, but not an effective time, at 12:01 a.m. of filed.	in the earlier of
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Dated September 12	2017	- -
6:	re of a manhar or mithogrand representative of a manhar	
Signatu	re of member or authorized representative of a member	
Signatu Jeremy Carew-Reid	re of member or authorized representative of a member	
_	re of member or authorized representative of a member	

Filing Fee: \$25.00