## L17000068143

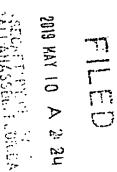
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## **COVER LETTER**

SUBJECT:	CRISTI NATURAL LLC					
	Name of Lim	ited Liability Company				
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.				
Please return all corresp	oondence concerning this matter	to the following:				
	JOHANA MALKA					
		Name of Person	<u> </u>			
	CRISTI NATURAL LLC					
Firm/Company						
8335 DYNASTY DR						
Address						
BOCA RATON, FL. 33433						
	LATINTAX@HOTMAIL.C	City/State and Zip Code	<del></del>			
	E-mail address: (	to be used for future annual report no	tification)			
For further information	concerning this matter, please ca	all:				
JOHANA MALKA		561 617-3446				
Name of Person		at () Area Code Daytin	ne Telephone Number			
Enclosed is a check for	the following amount:					
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			

MAILING ADDRESS:

TO:

Registration Section
Division of Corporations

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

CRISTI NATURAL LLC	FI EU	
(Name of the Limited Liabil (A Florid	ility Company as it now appears on our records.) da Limited Liability Company)	
(****	and have in A 2-24	
The Articles of Organization for this Limited Liability (	Company were filed on 03/27/20419 HAY 10 A 2 24 and assigned	ed
Florida document number L17000068143	Company were filed on 03/27/2041 THE TO and assigned and assigned to the company were filed on 10/27/2041 THE TO A STATE OF THE CRUID AND ADDRESS OF THE CRUID ADDRESS OF THE CRUID ADDRESS OF THE CRUID ADDRESS OF THE CRUID AND ADDRESS OF THE CRUID AND ADDRESS OF THE CRUID ADDRE	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
The new name must be distinguishable and contain the words "Lin	mited Liability Company," the designation "LLC" or the abbreviation "L.L.C.	**
Enter new principal offices address, if applicable:	<del></del>	
Principal office address MUST BE A STREET ADD	ORESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
Muting address MAT BE A FOST OFFICE BOX)		
		41
<ol> <li>If amending the registered agent and/or registered agent and/or the new registered office add</li> </ol>	istered office address on our records, enter the name of the dress here:	tne
egistered agent and/or the new registered office add	diess here.	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	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

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
AMBR	GUIDO RAMIRO ROMERO	8335 DYNASTY DR. BOCA RATON, FL. 33433	
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II amer	iding any other infor	nation, enter cl	nange(s) here	: (Altach ada	itional sheets,	if necessary.)	
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If an effect <u>Note:</u> If	e date, if other than t tive date is listed, the date if the date inserted in this nt's effective date on the	nust be specific and block does not m	cannot be prior to neet the applica	o date of filing o	r more than 90 da		
	ord specifies a delay 90th day after the r		ate, but not	an effective	e time, at 12	2:01 a.m. on	the earlier of:
Dated _	MAY 07	Signifiure of a m	2019	_·			
		-3h	sono.	Mali	1-/7		
		Signature of a n	nember or author	ized representati	ve of a member		
		70	haro Typed or printed	Mall	rA_		

Page 3 of 3

Filing Fee: \$25.00