

8/20/2020 Aug. 20, 2020 6:23PM

Division of Corporations

No. 0408

P.

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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Division of Corporations
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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
SALUD NATURAL LLC**

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AUG 20 2020

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

SALUD NATURAL 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 05/18/2017 and assigned 30
Florida document number L17000110776

2020 AUG 21 PM 4:23
FILED

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 abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address **MUST BE A STREET ADDRESS**)

1319 E. Vine St.

Kissimmee, FL 34743

Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

1319 E. Vine St.

Kissimmee, FL 34743

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:

1319 E. Vine St

Enter Florida street address

Kissimmee

City

Florida

34743

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 an existing authorized person(s) authorized to manage, enter the title, name, and address of each person being added
or removed from our records:

AMBR = Authorized Member

[illegible]

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated Aug 20, 2020

Elba Island

Signature of a member or authorized representative of a member

Elba Irlanda

Typed or printed name of signee