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(Re	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	y/State/Zip/Phone #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Name)
(Do	cument Number)	
Certified Copies	Certificates o	f Status
Special Instructions to	Filing Officer:	
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COVER LETTER

го:	Registration Sec Division of Corp			
cupic	· ·	LY PROPER LLC		
SUBJE	CT:	Name of Limi	ted Liability Company	
The enc	closed Articles of	Amendment and fee(s) are subr	nitted for filing.	
Please r	eturn all correspo	ndence concerning this matter t	to the following:	ł
		LOVETTE DOBSON		·
			Name of Person	
		INCFILE.COM LLC		
			Firm/Company	
		17350 STATE HWY 249 S	SUITE 220	
			Address	
		HOUSTON TX 77064		
			City/State and Zip Code	
		EFILE1234@INCFILE.CO		
		E-mail address: (t	o be used for future annual report notifi	cation)
For fur	ther information c	oncerning this matter, please ca	111:	
LOVE	TTE DOBSON		855 829-9090 at ()	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclose	ed is a check for th	ne following amount:		
■ \$2 5	5.00 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)

TO:

MAILING ADDRESS: 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**

NATURA	LLY PROPER LLC	1
(Name of the Limited Liability (A Florida I	Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co Florida document number L17000133367	mpany were filed on 06/19/2017	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	2020 SLCR
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC" or	r the abbreviation L.L.C."
Enter new principal offices address, if applicable:		> 18
(Principal office address MUST BE A STREET ADDRE	<u> </u>	8 U
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		·
B. If amending the registered agent and/or registered agent and/or the new registered office addresses and the registered agent and/or the new registered agent and/or registered agent and/or the new registered agent and/or registered agent and/or the new registered agent and/or registered agent agen		enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	<u> </u>
	, Floric	da
	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>	<u>Address</u>	Type of Action
AMBR	HOLLY BOKSA	1070 MONTGOMERY ROAD	
		UNIT #220	□ Ŗemove
		ALTAMONTE SPRINGS, FL 32714	☐ Change
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			Remove
			Change
-			Remove AH 20 Change
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ffective date, if other than the date of an effective date is listed, the date must be specified.	filing:	. 1	(optional)		ረሰና ሰግ
an effective date is listed, the date must be specificate. If the date inserted in this block does ocument's effective date on the Department.	not meet the applic	able statutory fil	ing requirement	s, this date wi	ll not be	listed
e record specifies a delayed effect The 90th day after the record is f	ive date, but no ïled.	ot an effective	time, at 12:	01 a.m. or	the ea	arlier
JANUARY 20 Dated	2020					
. 100 0	e of a member or auth	10101				_
Signature	e of a member or auth	orized representati	ve of a member	- •		_

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Filing Fee: \$25.00

Typed or printed name of signee