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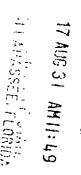
(Requ	iestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to Fil	ling Officer:	

Office Use Only



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то:	Registration Se Division of Cor			
SUBJEC		ED NATURAL PRODUCTS I	LLC	
o w Da C	<u></u>	Name of Lim	nited Liability Company	
		Amendment and fee(s) are sub	~	
		ELIDE VICENTE TAMA	YO	
			Name of Person	
		PREFERRED NATURAL	. PRODUCTS LLC	
		·	Firm/Company	
		1620 NW 63 ST		
			Address	
		MIAMI, FL 33147		
		mas_accounting@hotmail.c		
For furtl	er information c	n-man address: t oncerning this matter, please ca	to be used for future annual report notif all:	ication)
ELIDE VICENTE TAMAYO			305 863 7136	
_	Name o	f Person	Area Code Daytime	Telephone Number
Enclosed	Lis a check for th	ne following amount:		
■ \$25.	00 Filing Fee	S30.00 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:

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

PREFERRED NATURAL PROD			
(<u>Name of the Lim</u>	ited Liability Comps (A Florida Limited	iny as it now appears on our record Liability Company)	<u>(s.</u>)
The Articles of Organization for this Limited I Florida document number 1,17000153167	Jability Company	were filed on 07/18/2017	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name o	of the limited liab	ollity company here:	
	·		
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		1620 NW 63 STREET	
(Principal office address MUST BE A STRE)	ET ADDRESS)	MIAMI, FL 33147	
Enter new mailing address, if applicable:			17 A
Mailing address MAY BE A POST OFFICE	(BOX)	PO BOX 440912	<u> </u>
		MIAML FL. 33144	- δη ω
B. If amending the registered agent and registered agent and/or the new registered of			m; A jī
Name of New Registered Agent:	ELIDE VICEN	те тама уо	
New Registered Office Address:	1620 NW 63 S	TREET	
		Enter Florida street addre:	NN .
	MIAMI	. Fi	lorida ^{33 47}

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.

City

If Changing Registered Agent, Agenture of New Registered Agent

Zip Code

Page 1 of 3

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
MGR	DALIA SANTIAGO	10725 SW 3RD STREET #12	
		MIAMI FL 33174	■ Remove
			☐ Change
MGR	ELIDE VICENTE TAMAYO	1620 NW 63 STREET	
		MIAMI.FL 33147	🗖 Remove
			Change
			Add
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Filing Fee: \$25.00