L17000204607

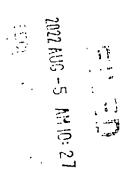
(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
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COVER LETTER

TO: Registration S Division of Co			•
	L BLENDS NEAUD LEC	*	•
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	`Amendment and fee(s) are sub	omitted for filling.	
Please return all correspondent	ondence concerning this matter	to the following:	
	BRIAN BOARD		
		Name of Person	
	BOARD CERTIFIED AC	COUNTING & TAX	
		Firm/Company	
	1701 E ATLANTIC BLVI	D STE 4	
		Address	
	POMPANO BEACH, FL	33060	
		City/State and Zip Code	
	BRIAN@BOARDACG.CC	DM .	
		to be used for future annual report not	ification)
For further information of	concerning this matter, please c	all:	
BRIAN BOARD		954 941-1160 at ()	
Name o	of Person		ne Telephone Number
Enclosed is a check for t	he 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)
<u>Mailing Addre</u> Registration		Street Address: Registration Se	ection
Division of (Division of Co.	
P.O. Box 633	27	The Centre of	Tallahassee
Tallahassee,	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NATURAL BLENDS NLAUD LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 10/03/2017	and assigned
Florida document number L17000204607		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
NATURAL BLENDS DIXIE, LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or th	e abbreviation <u>-</u> b.L.C."
Enter new principal offices address, if applicable:	9656 COLOCASIA WAY	22 A
(Principal office address MUST BE A STREET ADDRESS)	BOYNTON BEACH, FL 33068	5
	<u> </u>	· ረጣ [
Enter new mailing address, if applicable:		00
(Mailing address MAY BE A POST OFFICE BOX)		27
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the n	ame of the new registered
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
MGR	RONALD L SMITH	1117 NORTH E STREET	≘ Add
		IAKE WORTH BEACH, FL 33460	□Remove
			□ Change
			□Add
			□Remove
			□ Change
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ffective date, if other than the an effective date is listed, the date in this locument's effective date on the	ust be specific and cannot be problem. But the app	rior to date of filing or plicable statutory fi	more than 90 days af	otional) der filing.) Pursuani his date will not	t to 605.02 he listed
record specifies a delayed effect is filed.	ive date, but not an effectiv	e time, at 12:01 a.n	1. on the earlier of:	(b) The 90th da	iy after th
ated	2022	· · ·			

Filing Fee: \$25.00