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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : M. FAEHNER, ESQ. LLC

Account Number : I20170000081 Phone : (727)443-5190 : (727)474-9949 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ORGANIC FOR LIFE LLC

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From: Faehner PLLC

Fax: 7274749949

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2000 -7 - 8: lili

ORGANIC FOR LIFE LLC		
(Name of the Limited Lial (A Flor	oility Company as it now appears on our rida Limited Liability Company)	records.)
The Articles of Organization for this Limited Liability Florida document number L17000224713	Company were filed on 10/30/201	and assigned
This amendment is submitted to amend the following		
A. If amending name, enter the new name of the li	imited liability company here:	
The new name must be distinguishable and contain the words "I	imited Liability Company," the designation	in "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	DRESS)	
	•	
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 address her	ered office address on our records <u>e</u> :	, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stre	et 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.

2020-09-06 19:18:49 EDT

to: 18506176383

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From: Faehner PLLC

Fax: 7274749949

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

Title	Name	Address	Type of Action
MGR	LOPEZ, FRANK	624 EAST BAY DR	□∧dd
		SUITE 4	言Remove
		LARGO, FL 33770	□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
		Change	
			🖸 Add
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			☐ Change
			□Add
		Remove	
			Change
		<u> </u>	
			□Remove
			C) Change

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From: Faehner PLLC

Fax: 7274749949

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) NONE (optional) E. Effective date, if other than the date of filing: ___ (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) 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. If the record specifles a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed. Dated _ October 6 2020 gnature of a member or authorized representative of a member Michael Fachner as Authorized representative

Typed or printed name of signee