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COVER LETTER

SUBJECT: ECC	ONATURA	RELAX	SAC	LC
	Name of Lim	ited Liability Company		
The enclosed Articles of Am	endment and fee(s) are sub	mitted for filing.		
Please return all corresponde	ence concerning this matter	to the following:		
	JUGA	MANNU	icci	
		Name of Person		
	ECOHATUR	A RELAX	SAC	LLC
		Firm/Company	,	
	14261 5	SU 120 T	"Stree	t #115
	. 1	Address		
	Miani,	FLORIDA	33/8	6
-	Uentas (FLORIDA City/State and Zip C O CONGT to be used for future and	ode VA . Comunication	m. pe
For further information conc				
JULIA MAN		at (<u>786</u>)	863	9900
Name of Pe	rson	Area Code	Daytime	Telephone Number
•,				
Enclosed is a check for the fo	ollowing amount:			
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing F Certified Copy tadditional copy i	y.	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations

TO:

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

ECONATURA RELAX SAC 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 12/11/2017 Florida document numberL/7000 252859	and	assignec	i
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability company here:		17 050	
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the ab			
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the at	obreviation .	TL.C.	٠.
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
	<u>≯</u>		
(Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter registered agent and/or the new registered office address here:	the nan	ne of th	 <u>1e</u> печ
Name of New Registered Agent:			
New Registered Office Address: Enter Florida street address			
Florida	Zin Cu	de	
New Registered Agent's Signature, if changing Registered Agent:	2.47 5.00		
Thereby accept the appointment as registered agent and agree to act in this capacity. I further ag	ena to su	mala w	ide des
provisions of all statutes relative to the proper and complete performance of my duties, and I am j accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or,	jamiliar 1	with and	đ

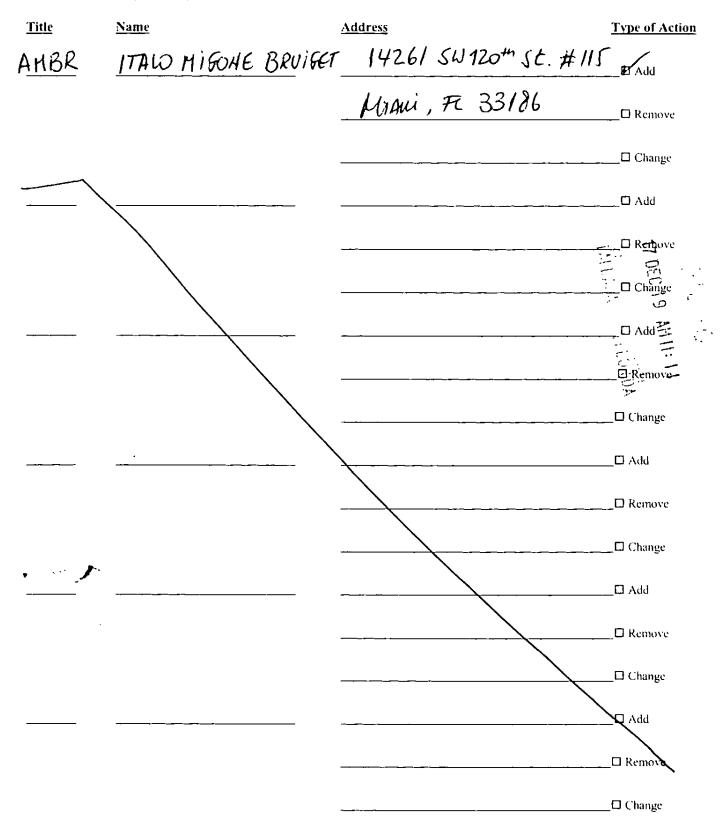
If Changing Registered Agent, Signature of New Registered Agent

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 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



mending any other information, enter change(s) here:	
,	
	DE DE
	A. A. A.
ective date, if other than the date of filing:	(optional)
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.
te: If the date inserted in this block does not meet the applicabl ument's effective date on the Department of State's records.	e statutory filing requirements, this date will not be liste
4	
	ff
recond specifies a delayed effective date, but not a he 90th day after the record is filed.	in effective time, at 12:01 a.m. on the earlie
•	
ed December 13 2017	
	
\langle	
Signature of a member or authoriz	red representative of a member
JUCIA MANAUC	1

Page 3 of 3

Filing Fee: \$25.00