

L1800001626

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : JELEN ACCOUNTING SERVICES, INC
Account Number : I20120000052
Phone : (305)591-9180
Fax Number : (305)591-9167

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

Email Address: Info@jelenaccounting.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
COSTA RICA NATURAL LLC

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TALLAHASSEE, FL

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Help

920.18

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

COSTA RICA NATURAL, 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 01/02/2018 and assigned
Florida document number L18000001626

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

10243 NW 62nd Street

(Principal office address MUST BE A STREET ADDRESS)

Doral Florida, 33178.

Enter new mailing address, if applicable:

10243 NW 62nd Street

(Mailing address MAY BE A POST OFFICE BOX)

Doral Florida, 33178.

B. If amending the registered agent and/or registered office address on our records, enter the name of the
registered agent and/or the new registered office address here:

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

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>	<u>Type of Action</u>
AMBR	MORA, JORGE A	10530 NW 37TH TERRACE	<input type="checkbox"/> Add
		DORAL FLORIDA, 33178.	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	MORA, JORGE A	10243 NW 62nd STREET	<input checked="" type="checkbox"/> Add
		DORAL FLORIDA, 33178.	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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Dated September 5th 2018

Signature of a member, or authorized representative of a member

Typed or printed name of signer