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(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER

Division of Corporations		
SUBJECT: Natures Inter	nited Liability Company	
The enclosed Articles of Amendment and fee(s) are su	_	
Please return all correspondence concerning this matte	er to the following:	
Karen	Harris Name of Person	
Natu	res Intent L	1C
1815	Tumbleweed S	2019 HR 22 2019 HR 22
Holid	Chystate and Zip Code	PH F: 53
Varen @ VIC	DULLACIVAN FARE. (10 be used for future annual regort notific	<u>!\</u>
For further information concerning this matter, please		Curving
Karen Harris Name of Person	at (<u>TQT</u>) <u>TQL</u> Area Code Daytime	Telephone Number
Enclosed is a check for the following amount:		
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
MAILING ADDRESS: Registration Section	STREET/COURIE	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahussee, FL 32301

ARTICLES OF AMENDMENT TO

	ARTICLES OF ORGANIZATION
	OF
1	

Natures Late	ent LLC		
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on Liability Company)	our records.)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L1800012410</u> .	y were filed on	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	bility company here:		
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the design	ation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:		20	
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		22 PH	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here.	office address on our <u>re</u> :	r records, <u>enter the name of the nev</u>	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida st	reet address	
	Florida		
	City	Zip Code	
New Registered Agent's Signature, if changing Registered Agent	<u>:</u>		
I hereby accept the appointment as registered agent and agr	ree to act in this capa	city. 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.	Karen Harris	1815 Tumbleweed Dr.	Add
		Holiday, FL 34690	Remove
			Change
AMBR	Jeremiah E. Harris	Ir. 1815 Tumbleweed Dr.	b \/Add
		Holiday, FL. 34690	Remove
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Effective date, if other the (If an effective date is listed, the case). If the date inserted in	date must be specific and of this block does not me	cannot be prior to eet the applicabl	date of filing or more le statutory filing re	(option than 90 days after equirements, this	filing.) Pursuant to	605.0207 (3 listed as th
document's effective date or	a the Department of St	ate's records.				
the record specifies a de	elayed effective da	ate, but not a	an effective tim	e, at 12:01 a	.m. on the ea	ırlier of:
) The 90th day after th	ie record is filed.) /				
Dated	<u> 3/19 /</u>	19	~ <i> </i>	7 :		
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Filing Fee: \$25.00