118 CCC 41829

(Requestor's Name)		
(Address)	Ì	
(Address)	•	
(City/State/Zip/Phone #)	-	
PICK-UP WAIT MAIL		
(Business Entity Name)	-	
(Document Number)	-	
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:	يدا	050
to change principal address from a PO Box	~``	
to the street address light on the application		
11/36/19		
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COVER LETTER

Division of Corporations
SUBJECT: DY IVEN BY NATURE SOUTH LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filling.
Please return all correspondence concerning this matter to the following:
Mayra M. Jaway Name of Person
Firm/Company
P. O. BOX 2061
Address
RUSIUM FL 33570 City/State and Zip Code
Chystate and 21p Code Chystate and 21p Code
For further information concerning this matter, please call:
May Am Caval at (813) 766 - 7033 Area Code Daytime Telephone Number
$\overline{\psi}_{i}^{a}$ $\overline{\psi}_{i}^{a}$ $\overline{\psi}_{i}^{a}$
Enclosed is a check for the following amount:
\$25,00 Filing Fee \$\Bigcup \$\$\$\$\$\$\$\$\$\$ \$30.00 Filing Fee & \$\Bigcup \text{\$

MAILING ADDRESS:

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, F1. 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

Driven by Nature Se	ay as it now appears on our records.) lability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L18000041829</u> .	were filed on $2/15/2018$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
The new name must be distinguishable and contain the words "Limited Liabili	ty Company "the designation "FTC" or the abbreviation "FTC"
Enter new principal offices address, if applicable:	2609 Manatu Harbox P
(Principal office address MUST BE A STREET ADDRESS)	Ruskin FL 33570
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	
Name of New Registered Agent:	
New Registered Office Address:	Enter Elizabeth Alberta
	Enter Florida street address

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.

City

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 for removed from our records:

MGR = Manager

AMBR = Authorized Member Title Address Type of Action Name Tim M. Nobies MGR □ Add ☐ Change AMBR. Charles T. Nobles □ Add ☐ Change Mayra M Tavauz P.O. BOX 2061 □ Add Ruskin, FL 33575 □ Remove Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove □ Change □ Add ☐ Remove ☐ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Please remove Tim m. Nobles from
from LLC record of Druen by
from LLC record of Driven by
nature.
E. Effective date, if other than the date of filing: 1108 2018 (Optional) (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)(1) 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 specifies 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 11 08 2018
Signature of a member or authorized representative of a member
Mujra M Tavauz Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00