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SECRETARY OF STATE

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COVER LETTER

Division of Corporations Avaluxe Naturals LLC SUBJECT: ____ Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Christopher A. Bain Name of Person Avaluxe Naturals LLC Firm/Company 12555 Biscayne Blvd Suite 811 Address Miami, FL 33181 City/State and Zip Code keenanwbain@outlook.com E-mail address (to be used for future annual report notification) For further information concerning this matter, please call: Christopher A. Bain Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ☐ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & **■** \$60,00 Filing Fee. Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

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

Avalu	axe Naturals LLC	7
(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our records d Liability Company)	ECHE OC
The Articles of Organization for this Limited Liability Compa	ny were filed on March 20, 2018	and the second
Florida document number L18000070018		
This amendment is submitted to amend the following:		AHII: 40 OF STATE E. FLORIDA
A. If amending name, enter the new name of the limited lia	ability company here:	*
Bebe Michelle N	aturals LLC	
The new name must be distinguishable and contain the words "Limited Lia	ability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	N/A	·
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:	N/A	
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he		enter the name of the new
Name of New Registered Agent:	N A	
New Registered Office Address:	N'A	
	Enter Florida street address	-
	, Flo	rida
	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

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>	Type of Action
		N/A	
			□ Remove
			party on a
		-	Change
			□ Add
			Remove
			Change
			□ Remove
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			Change
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		-	☐ Remove
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Effect	N/A ive date, if other than the date of filing: (optional)
(lf an eff Note:	ective 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 (If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as them; seffective date on the Department of State's records.
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Darie	N A
Dated	Signature of a member or authorized representative of a member

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Typed or printed name of signee

Filing Fee: \$25.00