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(Ad	dress)	
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DIVISION OF CORPERATIONS

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COVER LETTER

	Division of Cor			
	Natural Ent			
SURJEC	T:	Name of Lim	ited Liability Company	
The enclo	osed Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please ret	urn all correspo	ndence concerning this matter	to the following:	
		Alexa Merico		
		Natural Entertainment	Name of Person	
		16395 NW 16th Street	Firm/Company	
		Pembroke Pines FL 33028	Address	
		naturalentstudios@gmail.co	City/State and Zip Code m	
		E-mail address; (to be used for future annual report notif	ication)
For furthe	er information ec	oncerning this matter, please ca		
	Name of	Person	at () Area Code Daytime	: Telephone Number
Enclosed	is a check for th	e following amount:		
\$25.0	0 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

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

Natural Entertainment				
(Name of the Limited Liability (A Florida I	Company as it now appears on our imited Liability Company)	records.)		
The Articles of Organization for this Limited Liability Cor Florida document number	mpany were filed on		_ and assig	ned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limite	ed liability company here:			
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation	"LLC" or the abbre	viation "L.L.C]."
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRE	<u></u>			9
			- -	135 135
			Q.	222
Enter new mailing address, if applicable:				95.5
(Mailing address MAY BE A POST OFFICE BOX)				<u> </u>
			က	Σ
			50	5
B. If amending the registered agent and/or register registered agent and/or the new registered office addre	red office address on our re ss here:	cords, <u>enter the</u>	name of	the ne
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street	address		
		Florida	<u> </u>	
	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>	Name	Address 16395 NW 16th Street Pembroke	Type of Action
AMBR	Alexa Merico	Pines FL 33028	Add
			□ Remove
			□ Change
			□ Remove
			Change
			Add
			□ Remove
			Change
			□ Remove
			Change
			Remove
			☐ Change
			Remove
			Change

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EP :

- A 5; 5
) g.) Pursuant to 605.0207 (e will not be listed as th
on the earlier of:
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Typed or printed name of signee

Filing Fee: \$25.00