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COVER LETTER

TO: Registration Se Division of Cor					
Naturally S	uperior Products, "LLC"				
SUBJECT:	Name of Lin	nited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	emitted for filing.			
Please return all correspo	ndence concerning this matter	to the following:			
	WILLIAM J. COLE. JR.				
		Name of Person		2(
	Naturally Superior Produc	ts, "LLC"	- :- - :-	2021 OCT	,
		Firm/Company		-: 9	ۇ بىرسو قىر د
	4071 BEE RIDGE RD., So	uite # 203	 55	_ ූ	j Ti
		Address			; .
	Sarasota, FL 34233		(•
		City/State and Zip Code		n, so	
	drcole@knowpain.com	,			
	E-mail address: (to be used for future annual report notif	ication)		
For further information co	oncerning this matter, please c	all:			
WILLIAM J. COLE. JR.		614 937-3564			
Name of	Person	at () Area Code Daytime	Telephone Number		
Enclosed is a check for th	e following amount:				
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Sectificate of Certificate of Certified Copy (additional copy	f Status & oy	
Mailing Address Registration S Division of Co P.O. Box 632 Tallahassee, F	ection orporations 7	Street Address: Registration Sec Division of Corp The Centre of Ta 2415 N. Monroe Tallahassee, FL	oorations allahassee Street, Suite 810		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Naturally Superior Products, "LLC"				
(Name of the Limited Liability C (A Florida Lir	ompany as it now appears on our reconited Liability Company)	ords.)		-
ne Articles of Organization for this Limited Liability Com	pany were filed on 07/23/2018		and a	nssigned
orida document number L 18000176342				
nis amendment is submitted to amend the following:				
If amending name, enter the new name of the limited	l liability company here:			
aturally Superior Products, LLC				
ne new name must be distinguishable and contain the words "Limited	Liability Company," the designation "I	.l.C" or the abb	reviation	"L.IC."
nter new principal offices address, if applicable:				
Principal office address MUST BE A STREET ADDRES	<u> </u>			-
		÷,	202	
		<u> </u>	30	
nton non notice address if applicables		. == .	i	·** 70e
nter new mailing address, if applicable:		7.	- 0	-
<u> Mailing address MAY BE A POST OFFICE BOX)</u>	- ·			<u></u>
	·	10	 -	<u> </u>
		. . .	 	
. If amending the registered agent and/or registered of gent and/or the new registered office address here:	ffice address on our records, <u>ent</u>	ter the náme	of the r	iew regist
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street add	iress		
		Florida		
	City		Zip Coo	le

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 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
AMBR	WILLIAM J. COLE. JR.	4071 BEE RIDGE RD, Suite # 203	
		Sarasota, FL 34233	□ Remove
			≡ Change
AMBR	MARIA LILIANA COLE	4071 BEE RIDGE RD, Suite # 203	□Add
		Sarasota, Fl. 34233	□ Remove
			■ Change
			□ Add 202 Remove
			Add PAdd PAdd PAdd PAdd PAdd PAdd PAdd
			□ Change
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			□Remove
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			🗀 Add
			□Remove
			□Change

EIN # 86-2015124					
Thank You!					
					
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			,-,. ,-,-	021 G	
PLEASE ADD EIN NUMBER to Naturally Superior Pro EIN # 86-2015124 Thank You! ive date, if other than the date of filing: fective date is listed, the date must be specific and cannot be prio If the date inserted in this block does not meet the appliant's effective date on the Department of State's records d specifies a delayed effective date, but not an effective filed. Oct. 12th 2021				-	ا مصحة محمدة
	late, if other than the date of filing: clate, if other than the date of filing: clate is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after file date inserted in this block does not meet the applicable statutory filing requirements, this of a effective date on the Department of State's records. secifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) 1. 12th 2021 William J. Cole, J. Signature of member or authorized representative of a member	19.5 19.5 10.5	- 	1	
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tive date, if other than the date of filing:		(op	tional)		
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ord specifies a delayed effective date, but not an effective	e time, at 12:01 a.m	on the earlier of:	(b) Th	e 90th d:	av after
filed.			,		•
Oct. 12th 2021					
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William () (ala ()					