

LIB000178086

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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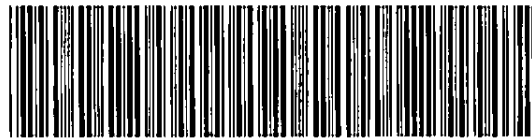
(Business Entity Name)

(Document Number)

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COVER LETTER

**TO: Registration Section
Division of Corporations**

Natures Nutraceuticals, 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:

Benjamin Rossetti

Name of Person

Natures Nutraceuticals, LLC

Firm/Company	
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2052 SE Hanford RD

Address

Port Saint Lucie FL, 34952

City/State and Zip Code _____

ben.rossetti22@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Benjamin Rossetti	772	267.2390
_____	at (_____) _____	_____
Name of Person	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)
 ☐ **\$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**

Natures Nutraceuticals, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on July 24, 2018 and assigned
Florida document number L18000178086

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

2101 Vista Parkway, Suite 258

West Palm Beach FL, 33411

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2052 SE Hanford RD

Port Saint Lucie FL, 34952

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

2052 SE Hanford RD

Enter Florida street address

Port Saint Lucie

, Florida 34952

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

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

[illegible]

E. Effective date, if other than the date of filing: _____ (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)(b)

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 September 30th, 2018

Ran Passeri
Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Benjamin Rossetto

Typed or printed name of signee

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