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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Bı	usiness Entity Nar	ne)
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Certified Copies	_ Certificates	s of Status
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COVER LETTER

Registration Section Division of Corporations

TO:

NATURE SUBJECT:	S TREE, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles o	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	condence concerning this matter	to the following:	
	Francis B. Hutson		
		Name of Person	
	 -	Firm/Company	
	3071 NW 107th Avenue		
		Address	
	Doral, FL 33172		
		City/State and Zip Code	
	admin@pppayments.com		
	E-mail address: (to be used for future annual report not	tification)
For further information	concerning this matter, please c	all:	
James Hutson		786 610-4807 at ()	
Name	of Person	Area Code Daytin	me 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)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	n Section Corporations	Street Address: Registration So Division of Co	orporations
P.O. Box 61 Tallahassee		The Centre of 2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NATURES TREE, 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 08/14/2018	an ts signed
Florida document number L18000194867		23 350 350 350 350 350 350 350 350 350 350
This amendment is submitted to amend the following:		PR-6
A. If amending name, enter the new name of the limited liab	ility company here:	P P
		∵
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>ent</u>	er the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street add	ress
		Florida
	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 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
AMBR	Nadine Olivia Simons	5851 Holmberg Road. #221, Parkland, FL 33067	= Add
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			□Change
			□Add
			□Remove
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			□Change
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	04/01/2020		
Effective date, if other than the fan effective date is listed, the date mu	e date of filing:		(optional)
i an effective date is fisted, the date mu	lock does not meet the applicable		
Note: If the date inserted in this b	Department of State's records.		
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