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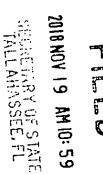
(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	-
(Cit	y/State/Zip/Phone	: #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

Division of Corpo			
SUBJECT: Nam	Name of Linux	LLC ted Liability Company	
The enclosed Articles of A	mendment and fee(s) are subn	nitted for filing.	
Please return all correspond	dence concerning this matter t	o the following:	
	Blake Lei) i ≤ o ∩ Name of Person	
	Namaste N	Sutural LLC Fini Company	
		a Center Blad	
	Sarusola	FL 34240 City-State and Zip Code amastenaturals obcused for future annual report notif	·····
	Blake 6 no	amastenaturals obeused for future annual report notif	, or o
For further information cor	neerning this matter, please ea		
Blake L	Person	Area Code Daytime	- 2054 Telephone Number
Inclosed is a check for the	following amount:		
S25.00 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

Division of Corporations Clifton Building 266) Executive Center Circle Tallahassee, FL 32314

Tallahassee, Fl. 32301

Registration Section

STREET/COURIER ADDRESS:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2018 NOV 19 AM 10: 59

Namuste	Natural	LL-C	TOTALION TO MILION DE
(Name of the L	imited Liability Company (A Florida Limited Liab	as it now appears on our records.) bility Company)	TÄLLAHASSEE, FL
The Articles of Organization for this Limite			old and assigned
Florida document number L180067	<u>47487</u> .		
This amendment is submitted to amend the	following:		
A. If amending name, enter the new nam	e of the limited liabilit	v company here:	
Namaste Natur The new name must be distinguishable and contain t	als_LLC	Company," the designation "LLC" or t	he abbreviation "L L C "
Enter new principal offices address, if ap	plicable:		
(Principal office address MUST BE A STR	<u>REET ADDRESS)</u>		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFI	<u>CE BOX)</u>		
B. If amending the registered agent a registered agent and/or the new registere		ce address on our records, <u>er</u>	ster the name of the new
Name of New Registered Agent:			
New Registered Office Address:		I mer Florida street address	
		Florid	a
		Cuy	Zip Code
AND THE PARTY OF T	The state of the s		

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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = M AMBR = A	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
			□ Add
			☐ Remove
			☐ Change
			Add
			☐ Remove
		<u>-</u>	□ Change
			bbA □
			Remove
			□ Change
			Add
			□ Remove
			Change
			Remove
			☐ Change
			Remove
			[] Change

· <u>·</u>	
<u>Note:</u> If	date, if other than the date of filing:
	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 0th day after the record is filed.
ated	10 - 29 . 2018
	15 7
	Signature of a member or authorized representative of a member
	Blake Levison Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00