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COVER LETTER

TO: Registration Section Division of Corporations
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:
JORDON SPEARS Name of Person
NATIVE GAZTHWORKS LLC Firm/Company
14114 MAX HOOK ROAD
City/State and Zip Code National Houses & Jahon Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Jordon Spenks at (407) S81 - 9998 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & B55.00 Filing Fee & B60.00 Filing Fee, Certificate of Status \$\Bigcup \$\text{(additional copy is enclosed)}\$ Certified Copy \$\text{(additional copy is enclosed)}\$ Certified Copy \$\text{(additional copy is enclosed)}\$

MAILING ADDRESS:

TO:

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

NATZVE CALTIMORICS LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
(A Florida Limited Liability Company)
The Articles of Organization for this Limited Liability Company were filed on $\frac{1/36/2ci}{}$ and assigned
Florida document number <u>L1900030 689</u> .
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 "L.L.C." 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 address on our records, enter the name of the no registered agent and/or the new registered office address here:
Name of New Registered Agent:
New Registered Office Address: Enter Florida street address
Enter Florida street address
City Zip Code New Registered Agent's Signature, if changing Registered Agent:
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

If Changing Registered Agent, Signature of New Registered Agent

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.

MGR = Ma AMBR = Au	nnager ithorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MLR_	brow R Sprazs	14114 MAY HOOKS RD	Add
		CIERMONT FL , 34711	Remove
			Change
AMBL	MORLAN E WAII	14114 MAX HOOK 20	🗆 Add
App	MODDIÉ INITIAL	CIERMONT, GL 34711	Remove
To .	BOTH NAMES NOW YOU , JORDON		& Change
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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

or removed from our records:

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Filing Fee: \$25.00