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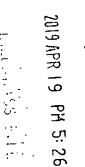
(Requestor's Name)
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(Address)
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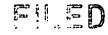
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COVER LETTER

то:	Registration Se Division of Cor						
	EMERALI	COAST NATURAL THERA	PY LLC				
SUBJE	СТ:	Name of Limited Liability Company					
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please r	eturn all correspo	ondence concerning this matter	to the following:				
		Kyle Andrews					
		· · · · · · · · · · · · · · · · · · ·	Name of Person				
		EMERALD COAST NAT	URAL THERAPY LLC				
			Firm/Company				
		1700 CRESTONE COVE					
			Address				
		Niceville, FL 32578					
		info@naturalcbdtherapy.com	City/State and Zip Code				
		E-mail address: (to be used for future annual report no	tification)			
For furt	her information c	oncerning this matter, please co	ıll:				
Kyle A	ndrews		850 582-7543				
	Name o	f Person	at () Area Code Daytii	me Telephone Number			
Enclose	d is a check for th	ne 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)			
		ING ADDRESS:	STREET/COUR Registration Sect	RIER ADDRESS:			

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



2019 APR 19 PM 5: 26

EMERALD COAST NATURAL THERAP		
(<u>Name of the Limited Liab</u> (A Flori	llity Company as it now appears on our record da Limited Liability Company)	<u>s.</u>)
The Articles of Organization for this Limited Liability Florida document number	Company were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lir	mited liability company here:	
EMERALD COAST NATURAL THERAPY, LLC		
The new name must be distinguishable and contain the words "Li	imited 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 ADL	ORESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad Name of New Registered Agent:	•	s, enter the name of the new
New Registered Office Address:	Enter Florida street addres	
	FL	orida
	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

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	Kyle Andrews	1700 CRESTONE COVE Niceville, FL 32578	■ Add
		-	Change
AMBR	Ryan Hayles	1727 Lilaberry Lane Niceville, FL 32578	Add
			☐ Remove
		-	Add
			□ Remove
			☐ Change
		-	Remove
			Change
		·	Add
			☐ Remove
			□ Remove
			Change

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fective date, if other than the effective date is listed, the date in ote: If the date inserted in this cument's effective date on the	block does not meet the	e prior to date of fifth applicable statutory	g or more than 90 days	optional) after filing.) Pursuant to this date will not be	o 605.02 : listed
record specifies a delay The 90th day after the re	ed effective date, becord is filed.	ut not an effect	ive time, at 12:	01 a.m. on the e	arlier
April 15	2019	_			
ted	 ,				

Page 3 of 3

Filing Fee: \$25.00