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(Requestor's Name) (Address) (Address)	700336619207		
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COVER LETTER

TO:	Registration Section
	Division of Corporations

MYSTIC GARDEN HOUSE, 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:

Kenneth Greenberg

Name of Person

Firm/Company

1635 White Dove Drive

Address

Winter Springs, Florida, 32708

City/State and Zip Code

greengoldkg@gmail.com

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

For further information concerning this matter, please call:

Kenneth Greenberg	786	586-6351
	at ()	
Name of Person	Area Code	Daytime Telephone Number

Enclosed is a check for the following amount:

□ \$60.00 Filing Fee, □ \$55.00 Filing Fee & □ \$30.00 Filing Fee & \$25.00 Filing Fee Certificate of Status & Centified Copy Certificate of Status (additional copy is enclosed)

Certified Copy (additional copy is enclosed)

MAILING ADDRESS: Registration Section Division of Corporations P.O. Rox 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

MYSTIC GARDEN HOUSE, 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 07/23/2019	_ and assigned
Florida document number 1.19000189243	

This amendment is submitted to amend the following:

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

Natures Therapy CBD, LLC

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

Enter new principal offices address, if applicable:			
		• ** e	z
<u>(Principal office address MUST BE A STREET ADDRESS)</u>			
			至 <u>11</u>
Enter new mailing address, if applicable:			0
(Mailing address MAY BE A POST OFFICE BON)			0

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

Name of New Registered Agent:	·	
New Registered Office Address:	Enter Florida street address	
	, Florid	aZip 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:

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MGR = Manager AMBR = Authorized Member

• • •

<u>Title</u>	Name	Address	Type of Action
			Add
		🖾 Remove	
			Change
		_ <u></u>	🗆 Add
		🖸 Add	
			· Change
		Add	
		Remove	
			Change
			D Add
			Remove

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

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	<u> </u>
11/08/2019 tive date, if other than the date of filing: frective date is listed, the date must be specific and cannot be prior to date of filing or the mediately file	(antional)

Note: If the date inserted in this block does not meet the applied 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 file f(x)

Dated		
Kenneth Greenberg	Signature of a member or authorized representative of a member Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00