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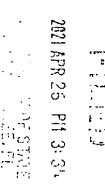
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COVER LETTER

Division of Corporations JUST THE ESSENTIALS! NATURAL PRODUCTS, 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: MARLEN NUNEZ DE VARELA Name of Person Firm/Company 8125 SW 19 STREET Address MIAMI, FL33155 City/State and Zip Code BUDINODESIGNSLLC@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 305 MARLEN NUNEZ DE VARELA 491-1507 Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ☐ \$30.00 Filing Fee & ☐ \$60.00 Filing Fee, **■** \$25.00 Filing Fee ☐ \$55.00 Filing Fee & Certificate of Status & Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed) Mailing Address: Street Address: Registration Section Registration Section

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JUST THE ESSENTIALS! NATURAL PRODUCTS, LLC

(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our records.) I Liability Company)			
The Articles of Organization for this Limited Liability Compan Florida document number	ny were filed on	and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited lia	bility company here:			
The new name must be distinguishable and contain the words "Limited Lial	bility Company," the designation "LLC" or the abb	previation "L.L.C."		
Enter new principal offices address, if applicable:		202		
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>			
		~~~~~		
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)		(သ		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:  Name of New Registered Agent:	address on our records, emer me name	of the new registers		
New Registered Office Address:				
New Registered Office Address.	Enter Florida street address			
	, Florida			
	Cny	Zip Code		
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent and as provisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	gree to act in this capacity. I further agr te performance of my duties, and I am fa s provided for in Chapter 605, F.S. Or, (	amiliar with and if this document is		
If Ch	anging Registered Agent, Signature of New Reg	eistered 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>	Name	Address	Type of Action
			□Add
			□Remove
			□Change
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record specifies a delayed effective dat he 90th day after the record is filed.	e, but not an	effective time	e, at 12:01 a	a.m. o	n the	earlier
APRIL 22	2021					
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Signature of a men						

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