

L19 000 244 012

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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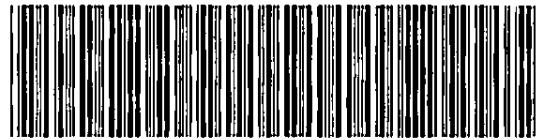
(Business Entity Name)

(Document Number)

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TO: Registration Section
Division of Corporations

SUBJECT: THE NATURAL GROUP COMPANY, LLC
Name of Limited Liability Company

Please return all correspondence concerning this matter to the following:

NATALIE R. GOODALL
Name of Person

Firm/Company

17000 NW 18th AVE
Address

MIAMI GARDENS, FL 33056

lady323baller@gmail.com

For further information concerning this matter, please call:

NATALIE R. GOODALL
Name of Person

at 305, 409-4983
Area Code Daytime Telephone Number

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &

☐ \$55.00 Filing Fee &

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(additional copy is enclosed)

Certified copy
(additional copy is enclosed)

Division of Corporations

Division of Corporations

Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

The Natural Group Company 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 9-27-19 and assigned
Florida document number L19000244012.

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 "LLC" 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 new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

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

When adding 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>	<u>Type of Action</u>
MGR	NATALIE R. GOODALL	17000 NW 18 th AVE	<input checked="" type="checkbox"/> Add
		MIAMI GARDENS, FL 33056	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JALEN P. DAVIS	17000 NW 18 th AVE	<input type="checkbox"/> Add
		MIAMI GARDENS, FL 33056	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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

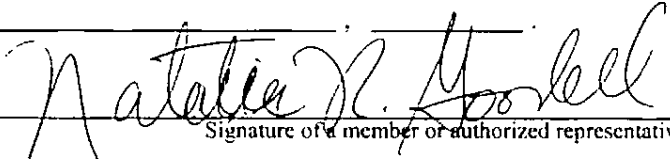
If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the 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 day.

(b) The 90th day after the record is filed.

Dated _____,



Signature of a member or authorized representative of a member

NATALIE R. GOODALL

Typed or printed name of signee