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(Requ	estor's Name)	
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COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT: D(. ¥	nativa Heath	n & Wellness ited Liability Company	, cc
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Shanky s	McCray Name of Person	
		Firm/Company	
	4601 Ames	bury D1. #15	337
	Dallas itx	City/State and Zip Code Opportune public to be used for future annual report notifi	
For further information c	oncerning this matter, please co	all:	
Shanly Name o	MCC J	at (§33) 793- Area Code Daytime	Edephone Number
Enclosed is a check for the	ne following amount:		
\$25,00 Filing Fee	S30,00 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)
Mailing Addres Registration 9 Division of C P.O. Box 632 Tallahassee, 1	Section Forporations 7	Street Address: Registration Sec Division of Corp The Centre of Ta 2415 N. Monroe Tallahassee, FL	porations allahassee : Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears of our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Comp	pany were filed on 😂 🔊	and assigned
Florida document number 2000003511	, , , , , , , , , , , , , , , , , , , ,	
This amendment is submitted to amend the following:		FALL STEEL
A. If amending name, enter the new name of the limited	<u>liability company here</u> :	
The new name must be distinguishable and contain the words "Limited	Liability Company." the designation "LLC	or the abbleviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES.	<u></u>	<u> </u>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	fice address on our records, <u>enter</u>	the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres	in .
	Flo	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 **Type of Action** Title Address Name. ____ 🗆 🗆 Change Staphen bennedy 1004 Santa Catalina Ln DAdd D. Lauderdak IFL 33068 Rembra UP. ☐ Change □Add ____ Change _□Remove _____ □Change \square Add □Remove

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Effective dat	te, if other than	the date of filin	ıg:		(o _j	otional)		
Note: If the o	ate is listed, the date date inserted in thi ffective date on th	s block does not i	meet the applica	o date of filing or a ble statutory fili	nore than 90 days a ng requirements.	fter filing.) Pure this date will	uant to 60; not be list	5.0207 ted as I
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e record speci rd is filed.	ties a delayed effe	ctive date, but no	t an effective tin	ne, at 12:01 a.m.	on the earlier of:	(b) The 90t	h day afte	er the
D	1/2020		2 20					
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Filing Fee: \$25.00