

L20000005425

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900452759809

*SH
05-05-25*

FILED - JUN 16 2025

FILED
2025 JUN 16 PM 12:17
CLERK OF COURT
JUDICIAL
CLERK ASSESSOR FL

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Sid Natural LLC

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:

Serenity Desjardins

Name of Person

Sid Natural LLC

Firm/Company

1160 New parkview place

Address

Haverhill FL 33417

City/State and Zip Code

sindelineclervoyant@yahoo.com

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

For further information concerning this matter, please call:

Serenity Desjardins

561 904-1292
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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)

Mailing Address:

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

Street Address:

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**

FILED

Sid Natural LLC

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

2025 JUN 16 PM 12:17

The Articles of Organization for this Limited Liability Company were filed on 12/27/2019 and assigned
Florida document number L20000005425

This amendment is submitted to amend the following:

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

Rene Natural LLC

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)

1160 New Parkview place

haverhill FL 33417

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1160 new parkview place haverhill fl 33417

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

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

[illegible]

2025 JUN 16 PM 12:17
STATE
INVEST.
FLA. SEC. FL
TALLAHASSEE

FILED
2025 JUN 16 PM 12:17
CLERK OF DISTRICT COURT
JANESVILLE, WISCONSIN

(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.) Pursuant to 605.0207 (3)(b)

FR	FR	025 00
----	----	--------