L20000005425

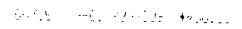
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April 1





COVER LETTER

TO:		on Section f Corporations					
CUB IC		atural LLC					
SUBJEC	UI:		Name of Lim	ited Liability Compar	ny	·····	
The encl	losed Articl	es of Amendment an	d fee(s) are sub	mitted for filing.			
Please re	eturn all cor	rrespondence concern	ning this matter	to the following:			
		Screnity De	Screnity Desjardins				
				Name of Perso	n		
		Sid Natural	LLC				
				Firm/Compan	у		
		1160 New	parkview place				
	Address						
		Haverhill F	1 33417				
				City/State and Zip	Code		
			rvoyant@yahoo E-mail address: ()	.com to be used for future a	nnual report notifi	ication)	
For furth	ner informat	tion concerning this			·		
Serenity	Desjardins	į		561 at (904-1292		
	N	ame of Person		Area Code	Daytime	Telephone Number	
Enclosed	l is a check	for the following an	ount:				
□ \$ 25.	.00 Filing F		iling Fee & ate of Status	□ \$55.00 Filing Certified Co (additional copy	ру	□ \$60.00 Filing Certificate of Certified Cop (additional cop)	f Status & py
	Mailing A				eet Address:	tion	
	-	ion Section of Corporations			gistration Sec vision of Corp		
	P.O. Box	: 6327		Th	e Centre of Ta	allahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

Sid Natural LLC	2025 1111 1
(Name of the Limited Liability Compa (A Florida Limited	2025 IIII 16 PM 12: 17 Liability Company)
he Articles of Organization for this Limited Liability Company lorida document number <u>L20000005425</u> .	were filed on 12/27/2019 ASSTE. and assigned
his amendment is submitted to amend the following:	
a. If amending name, enter the new name of the limited liab	ility company here:
tene Natural LLC	
he new name must be distinguishable and contain the words "Limited Liabi"	hity Company," the designation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:	1160 New Parkview place
Principal office address MUST BE A STREET ADDRESS)	haverhill FL 33417
to a constitution of the c	
nter new mailing address, if applicable:	1160 new parkview place haverhill fl 33417
Mailing address MAY BE A POST OFFICE BOX)	·
3. If amending the registered agent and/or registered office	address on our records, enter the name of the new regi
gent 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 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>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change
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	nust be specific and cannot be prior to date of filing oblock does not meet the applicable statutory is	or more than 90 days after filing.) Pursuant to 605.0207 (filing requirements, this date will not be listed as the
e record specifies a delayed effec ord is filed.	tive date, but not an effective time, at 12:01 a.	.m. on the earlier of: (b) The 90th day after the
Dated	, <u>2025</u>	
	Signature of a member or authorized representa	ative of a member
	*· & ·	

ET DOSO