## 1200000 28499

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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Natural Beauty Native Floridin Landscapes 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:
Kathleen M Tripp Name of Person
Modified Beauty Modive Florida Landscapes Lic Firm/Company
124 N Nova Rd. PMBiOL Address
Ormand Beach, FL 32174 City/State and Zip Code
Notwal Beauty Poride & amail. com E-mail address (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person  at (727) 504 - 4740  Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Solution Solution Status Solution Solut
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 ARTICLES OF ORGANIZATION

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If Changing Registered Agent, Signature of New Registered Agent

The Articles of Organization for this Limited Liability Company were filed on January 22, 2020 and assigned Florida document number <u>L200000 28499</u> 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 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
MGR	Kathleen MTripp	124 NI NOVARD PMB 106	) <b>X</b> (Add
		Ormand Beach, FL 32174	□Remove
			Thange
AR	Kedhleen M Tripp	124 N NOVERA PMBIOL	□Add
		Ormand Beach, FL 32174	Kemove
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-	I incorredly listed myself as an outbried representative when I	
_	first filed the corporation popular K in January 2020. This omendment	
_	is being filed to correct my title to Monager (MGR). That your	
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an eff Vote:	ive date, if other than the date of filing:	
recor d is fil	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after led.	r the
ated	February 10 . 2020 .  Signature of a member authorized representative of a member	
	Signature of a member authorized representative of a member	
	Nethleen M. Tripp Typed or Trinted name of signee	

Filing Fee: \$25.00