L20 (CC 116517

(Requestor's Name) (Address) (City/State/Zip/Phone #) (City/State/Zip/Phone #) (Business Entity Name) (Document Number) Certified Copies Certificates of Status		
(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status		
-		

Office Use Only



400346096404

06/12/20--01003--013 **25.00

S TALLENT JUL 01 2020

2020 JUN 12 AH 9: 33

Kurd

COVER LETTER

TO:

Registration Section

Divisi	on of Corp	porations		
SUBJECT: _	Bulletp	proof Online, LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed A	articles of a	Amendment and fee(s) are sub	omitted for filing.	
Please return ai	l correspoi	ndence concerning this matter	to the following:	
		Rosa Sollecito		
			Name of Person	
		Naturestech, Inc.		
			Firm/Company	
		611 S. Ft. Harrison Ave., #	213	
			Address	
		Clearwater, FL 33756		
		Rosa@naturestechusa.com	City/State and Zip Code	
For further info	rmation co	E-mail address: (oncerning this matter, please co	to be used for future annual report noti all:	fication)
Re			at () 223-9905 Area Code Daytim	
	Name of	Person	Area Code Daytim	e Telephone Number
Enclosed is a cl	neck for the	e following amount:		
■ \$25.00 Filin	ng 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
	g Address		Street Address:	ation
_	tration S ion of Co	orporations	Registration Se Division of Cor	
	Box 6327		The Centre of T	allahassee
Tallal	hassee F	T 32314	2415 NUMERONS	a Straat Cuita 210

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Bulletproof Online, LLC		ı
(<u>Name of the Limited Lia</u> (A Flo	hility Company as it now appears on our orda Limited Liability Company)	records.)
	y Company were filed on April 29, 20	20 and assigned
Florida document number 1.20000116517		
This amendment is submitted to amend the following	Ç.	
A. If amending name, enter the new name of the i	imited liability company here:	
N/A		
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:	N/A	
(Principal office address MUST BE A STREET AD	DRESS)	202)
	N/A	112
(Mailing address MAY BE A POST OFFICE BOX)	(Name of the Limited Liability Company as it now appears on our records.) (A Florida Lamited Liability Company) es of Organization for this Limited Liability Company were filed on April 29, 2020 and assigned cument number L.20000116517 Idment is submitted to amend the following: Inding name, enter the new name of the limited liability company here: Inding name, enter the new name of the limited liability company here: In principal offices address, if applicable: In principal offices address MUST BE A STREET ADDRESS) In principal offices address, if applicable: In principal offices address on our records, enter the name of the new registered for the new registered office address here: In principal offices ad	
		<u> ယ</u>
B. If amending the registered agent and/or registe agent and/or the new registered office address her	ered office address on our records, <u>c</u> e:	enter the name of the new registered
Name of New Registered Agent: N/A	١	
New Registered Office Address:		į
	Enter Florida street e	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

Title	<u>Name</u>	Address	Type of Action
MGR	Rosa Sollecito	611 S. Ft Harrison Ave., #213, Clearwater, FL 3375	66
		MGR NaturesTech, Inc.	Remove
			Change
			DAdd
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□ Add
			□Remove
			_ □Change
			□Add .
			□Remove
			□Change
			□Add
			□Remove
			□Change

		_
-		
		_
		_
		_
an effectiv T ote: If the	date, if other than the date of filing:	505.0 istec
record sp Lis filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day at	lter (
ated	5/20/20	
	Signature of a member or authorized representative of a member	