LZ0 000134210

(Re	equestor's Name)	
(Address)		
(Address)		
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Document Number)		
Certified Copies	Certificates	of Status
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2020 JUN -1 PH 6: 51

O SIMMONS

JUN 17 2020

COVER LETTER

	ision of Cor			
SHR IFOT.	Native Hem	ip Health, LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	d Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please return	ı all correspo	ndence concerning this matter	to the following:	
		Edward Conlan		
			Name of Person	· · · · · · · · · · · · · · · · · · ·
			Firm/Company	
		1466 Rock Springs Road		
			Address	
		Apopka, FL 32712		
		cconlan1@gmail.com	City/State and Zip Code	
For further in	nformation ce	E-mail address: (concerning this matter, please co	to be used for future annual reportable:	notification)
Edward Con	ılan		321 439-7658	3
	Name of	Person	at () Area Code Day	rtime Telephone Number
Enclosed is a	a check for th	e following amount:		
■ \$25.00 B	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)
	iling Address gistration S		Street Address	
	~	orporations	Registration Division of O	
P.O. Box 6327			of Tallahassas	

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2020 JUH-1 PH 6: 51

If Changing Registered Agent, Signature of New Registered Agent

(Name of the Limited Liability Con		·
(A Florida Limit	npany as it now appears on our records.) ed Liability Company)	***
ne Articles of Organization for this Limited Liability Compa orida document number <u>L20000134210</u> .	my were filed on May 18, 2020	and assigned
is amendment is submitted to amend the following:		
If amending name, enter the new name of the limited li	ability company here:	
ative Health and Juice, LLC		
new name must be distinguishable and contain the words "Limited Li	ability Company," the designation "LLC" or the	abbreviation "L.L.C."
nter new principal offices address, if applicable:		
rincipal office address MUST BE A STREET ADDRESS)		-
to we want in address of and a late.		
ter new mailing address, if applicable:		
failing address MAY BE A POST OFFICE BOX)		
		
If amending the registered agent and/or registered officeent and/or the new registered office address here:	ce address on our records, enter the na	me of the new registe
Name of New Registered Agent:		
Name of New Registered Agent: New Registered Office Address:	Enter Florida street address	
• • • • • • • • • • • • • • • • • • • •		
	Enter Florida street address, Florida	Zip Code
• • • • • • • • • • • • • • • • • • • •	, Florida	Zip Code

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 = M $AMBR = A$	lanager authorized Member	2024 1122 1 022 6 02	
<u>Title</u>	<u>Name</u>	2020 JUH - 1 Pri 6: 51 Address	Type of Action
			□Add
			□Remove
		 	□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			Remove
			Change
			□Add
		-	□Remove
			□ Change
			□Add
			□Remove

Only the name of the LLC is being changed	nange(s) here: (Attach additional sheets, if necessary.) 2020 JUH . There are no other changes to be made at this time; 5:5
	
	·
ffective date, if other than the date of filing	;: (optional)
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 neet the applicable statutory filing requirements, this date will not be listed as
record specifies a delayed effective date, but not I is filed.	an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Pated May 26	2020
	V/
Signature of In	nember or authorized representative of a member
Edward Conlan	
	Typed or printed name of signee

Filing Fee: \$25.00