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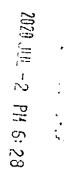
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AUG 1 4 2020 S. YOUNG

## **COVER LETTER**

TO: Registration Sec Division of Corp			
SUBJECT:	NATURAL WA	Shop LLC- ed Liability Company	
The enclosed Articles of	Amendment and fee(s) are subn	nitted for filing.	
Please return all correspo	ndence concerning this matter to	o the following:	
	Aubreu Wa	Name of Person	
		Firm/Company	
	11020 tracil	YM DY. Address	
	Jackamulle	F1 32218 City/State and Zip Code	<del></del>
	Aydenabole at E-mail address: (t	o be used for future annual report notif	ication)
For further information of	oncerning this matter, please ca	ill:	
Aubreu W	ONKer of Person	at Area Code Daytime	-20210 e Telephone Number
Ænclosed is a check for t	he 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

Name of the Limited Liability Company as it now appears on our records.  (A Florida Limited Liability Company)  The Articles of Organization for this Limited Liability Company were filed on	ANATURALN	JAY Shi	OP LL	1	17 O. 15 O.	
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 "LLC".  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:  ALL DY CH. Walk Cr.  Enter Florida street address.  Florida 32218	(Name of the Lim	ited Liability Company as (A Florida Limited Liabili	it now appears on our ty Company)	r records.)	1 (5)	
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 "LLC."  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:  New Registered Office Address:  Liner Florida street address  Line Florida 30218	The Articles of Organization for this Limited I	Liability Company were	filed on	12020.	and assigned	
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."  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:  New Registered Office Address:  New Registered Office Address:  Finer Florida street address  Florida32218	This amendment is submitted to amend the fol	lowing:				
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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:	The new name must be distinguishable and contain the	words "Limited Liability Co	ompany," the designation	on "LLC" or the ab	breviation "L.L.C."	
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 new principal offices address, if appli	cable:				
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Name of New Registered Agent:  New Registered Office Address:  New Registered Office Address:	(Mailing address MAY BE A POST OFFICE	<u> BOX)</u>				
Name of New Registered Agent:  New Registered Office Address:  New Registered Office Address:			-			
New Registered Office Address: 11020 TYCICI 1400 D.C.  Enter Florida street address  Vickson VIII e., Florida 32218	<b>9 9 9</b>	•	ess on our records	, <u>enter the nam</u>	ne of the new registered	Ī
Enter Florida street address  JULY HOUNT   16 Prints 32218	Name of New Registered Agent:	Aubren	Walke	r		
	New Registered Office Address:	MODOLLO		et address		
		Jacksonvil	City	, Florida,	3 <u>1218</u> 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

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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			□Add
			□Remove
			□Change

If amending any other information, enter change(s) here: (Attach	adaitional sneets, ij necessary.)
men at the about the date of fillings	(ontional)
Effective date, if other than the date of filing:  (If an effective date is listed, the date must be specific and cannot be prior to date of file.  Note: If the date inserted in this block does not meet the applicable statute document's effective date on the Department of State's records.	ling or more than 90 days after filing.) Pursuant to 605.0207 (3) ory filing requirements, this date will not be listed as the
the record specifies a delayed effective date, but not an effective time, at 12:0 cord is filed.	01 a.m. on the earlier of: (b) The 90th day after the
Dated $6/3$ , $2020$ .	
Signature of a member or authorized repre	sentative of a member
Kly by hom	

Typed or printed name of signee