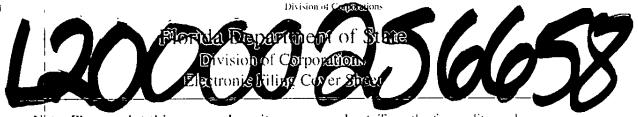
9/5/24, 9:13 AM



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To:

Division of Corporations

: (850)617-6383 Fax Number

From:

: INCFILE.COM LLC Account Name Account Number : I20220000070 Phone (888)462-3453 Fax Number : (877)919-2613

12: 22	**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**
FIR	Email Address: EFILE1234@INCFILE.COM
9.	
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17.	FINISH STRONG BEARD OIL LLC

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN FINISH STRONG BEARD OIL LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

Electronic Filing Menu — Corporate Filing Menu

## **COVER LETTER**

FINISH	STRONG BEARD OIL LLC		
SUBJECT: Z	Name of Lin	nted Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filmg.	
Please return all corre	spondence concerning this matter	to the following:	
Please return all correspondence concerning this matter to the following:  LOVETTE DOBSON  Name of Person  Firm/Company  17350 STATE HWY 249 STE 220  Address  HOUSTON, TX 77064  City/State and Zip Code			
Division of Corporations    FINISHECTE   SUBJECTE   Subject   Name of Limited Liability Company			
		Firm/Company	
	17350 STATE HWY 249		
		Address	
	HOUSTON, TX 77064	are submitted for filing.  matter to the following:    Name of Person	
	STRONG REARD OIL LLC   Name of Limited Liability Company		
For further information	n concerning this matter, please c	all:	
LOVETTE DOBSON		1 8	88-462-3453
Name of Person		Area Code Dayn	me Telephone Number
Enclosed is a check to	r the following amount:		
■ \$25,00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
Registratio Division of P.O. Box 6	n Section *Corporations 327	Registration S Division of Co The Centre of 2415 N. Monr	orporations Tallahassee oe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FINISH STRONG	BEARD OIL LLC	
(Name of the Limited Liability Compa (A Florida Limited	iny as it now appears on our records.) Liability Company)	· · · · · · · · · · · · · · · · · · ·
The Articles of Organization for this Limited Liability Company Florida document number 1.20000256658	were filed on <u>08/19/2020</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
NATURE WAY INFUSED LLC		
The new name must be distinguishable and contain the words "Limited Liabi	iity Company," the designation "LLC" or the ab	breviation "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 agent and/or the new registered office address here:	address on our records, <u>enter the nam</u>	e of the w registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida siveet address	- <u> </u>
	. Florida	. 09
	Cuy	Zip Code

## $\underbrace{\textbf{New Registered Agent's Signature, if changing Registered Agent:}}_{\dagger}$

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

9/6/2024 10:36:05 CDT

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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

1

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□Remove
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. If amending any other informati	on, enter change(s) her	re: (Attach addition	al sheets, if necessary.)	
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Effective date, if other than the diff an effective date is listed, the date must be Note: If the date inserted in this bloc document's effective date on the Dep	k does not meet the applic	cable statutory filing	(optional) e than 90 days after filing.) Pursu requirements, this date will no	ant to 605,0207 ( It be listed as ti
ne record specifies a delayed effective of is filed.	date, but not an effective t	ime, at 12:01 a.m. on	the earlier of: (b) The 90th	day after the
Dated September 05	2024	·		
	gnature of a member or auth	ry Leon of red representative of	a member	
		r Leon		
		ted name of signee		<del></del> .

Filing Fee: \$25.00