## K20 CCC 276812

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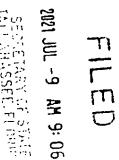
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AUG O 5 2021 A RAMSEY

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Mame 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:
Name of Person  Matural Marmand La  Firm/Company  G314 Forest All Sha suites  Address  Address  Address  City/State and Zip Code  Handral Marmand Camail Com  E-mail address: (to be used for future annual report nobfication)
For further information concerning this matter, please call:
Name of Person at (53) 444-7795  Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee  Certificate of Status  Certificate of Status & Certificate Copy (additional copy is enclosed)  Certificate of Status & Certificate 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



July 28, 2021

NIAMBI WATTERS 9314 FOREST HILL BLVD SUITE 730 WELLINGTON, FL 33411

SUBJECT: "NATURAL MERMAID, LLC"

Ref. Number: L20000276812

We have received your document for "NATURAL MERMAID, LLC" and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Page 2 is missing. In order to file an amendment, the form must be completed.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 721A00017615

Summer Chatham OPS

www.sunbiz.org

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Natural	Merinald 4C
( <u>Name of the Limited Liability Compa</u> (A Florida Limited L	ny as it flow appears on our records.) Lability Company)
The Articles of Organization for this Limited Liability Company Florida document number 1000000000000000000000000000000000000	
This amendment is submitted to amend the following:	The state of the s
A. If amending name, <u>enter the new name of the limited liab</u>	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	934 Forestabill Piro
(Principal office address MUST BE A STREET ADDRESS)	Suite 7:30
	1) le llingten; FT 33+11
Enter new mailing address, if applicable:	Same as above
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Change
			□Add
			□Remove
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Effective date, if other than the date of filing:	If amending any other info					
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