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2020 DEC 14 PM 4: 06

DEC 1 - 5050

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Mimberry S Natural Cave LLC Name 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:
Himberry Edwards
Kimberry's Natural Care Firm/Company
2660 010 Bounbridge Rd. #206
City/State and Zip Code
12-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Kimboriy Educids Area Code at (407) 1037 - 0585 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee S30.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) S60.00 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 Lim	ited Liability Company (A Florida Limited Liab	as it now appears on buility Company)	r records.)		
The Articles of Organization for this Limited I Florida document number <u>L 2000</u>		ere filed on 1010	7/2020	and assigne	d
This amendment is submitted to amend the fol	lowing:				
A. If amending name, enter the new name of	of the limited liabilit	y company here:			
The new name must be distinguishable and contain the	words "Limited Liability	Company," the designation	on "LLC" or the a	bbreviation "L.L.C."	
Enter new principal offices address, if applie	cable:				
(Principal office address MUST BE A STREE	ET ADDRESS)			STED TO	
Enter new mailing address, if applicable:					(7)
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>			700 0	<u>し</u>
B. If amending the registered agent and/or agent and/or the new registered office addre	registered office add ss here:	ress on our records,	enter the nan	ie of the new reg	<u>isterea</u>
Name of New Registered Agent:	himb	ery Ed	uard	S	
New Registered Office Address:	2460 01	Bolinby Enter Florida street	de Rd	#201	<u></u>
	Jallar	1055ee	, Florida	32303 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.

f 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
MGR	Kimberly Ec	twords 2660 old Bair	wridge Dad
	J	Rd. #206	□Remove
		Lallahossee, It	
AMBR	Limberry Ed	unids 2660 old Baint	ridge Rd Sadd
		* 206	□Remove
		Jallahassee H	32303 🗆 Change
			□Add
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			□Remove
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			□Add
			□Remove
	4		□Change
			□ Add
			□Remove
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, -	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Note: 1	e date, if other than the date of filing:
he record ord is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated 4	December 14. 2020.
	Signature of a member or authorized representative of a member
	Mimberry Educads Typed or printed name of signee