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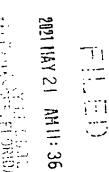
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COVER LETTER

Division of Corp		0 0	
SUBJECT:	eas Natura	1 \$ \$. 6.	
- 	Name of Lim	ited Liability Company	
	4 1	on to ex	
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	_ Angelic	n de Par.	
		Name of Person 0	
		Firm/Company	
	25320 5	w 124th PC	
	Momenteas	City/State and Zip Code Cymai/- Com to be used for future annual report not	32
		City/State and Zip Code	
	E-mail address: (1	to be used for future annual report not	itication)
For further information ec	oncerning this matter, please ca		,
Angelica	M. d. Paz	at (<u>786</u>) <u>438</u> Area Code Daytin	4972
Name of	Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	e 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 S		<u>Street Address:</u> Registration Se	ction

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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

Verpaz Matural	2 2 2 .	
(<u>Name of the Limited Liabi</u> (A Flore	lity Company as it now appears or da Limited Liability Company)	n our records.)
The Articles of Organization for this Limited Liability (Florida document number <u>し </u>	Company were filed on	Elorida and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Lir	mited Liability Company," the desig	nation "LLC" or the abbreviated "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	2 1
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		11:36
B. If amending the registered agent and/or registere agent and/or the new registered office address here:		rds, 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 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>	Name	Address	Type of Action
MER	Marco A Vergara	Enter title (correct)	🗆 Add
	,		□Remove
			A Change
7MBR	Angelia M. de Paz	Enter Correct fifle.	□Add
	•		Remove
			Remove Change
			□ Genove
			□ is move
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f an effective date is li Note: If the date in	sted, the date must be specit serted in this block does be date on the Departmen	tic and cannot be prior not meet the applic	able statutory filing	re than 90 days after	r filing.) Pursuant to	605.020 listed a
record specifies a dis filed.	delayed effective date, bu	ut not an effective ti	me, at 12:01 a.m. c	n the earlier of: (b) The 90th day	after the
Dated <u>05/13</u>	3/2021	 ·	- /			
	Signature	of a member or a	More	of a member		_
	Signature	. Or a nictaect of a ma	December 11	or a memori		

Filing Fee: \$25.00

Good morning Sirs. Miami 05/13/2021 I need your help to correct an error in the headlines of the corporation: Verpaz Natural LLC.

Document Number L21000125492 The change to make is:

Title Marco A Vergara (MGR)

Title Angelica M de Paz (AMBR)

Thanks for the help, I need to make the change in order to open the bank account.

Greetings

Angelica M de Paz 7864284972 verpaznat@gmail.com