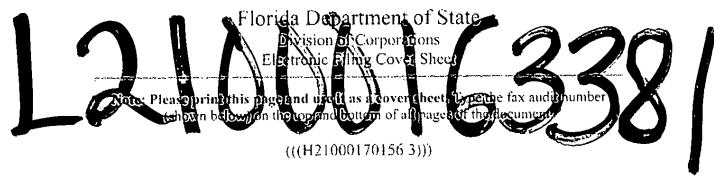
4/28/2021

Division of Corporations





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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : THORPE'S CONSULTING SYSTEMS, INC.

Account Number : 120050000069 Phone : (407)352-8514 : (407)540-9620 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: tonyeacaa@gmail.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN NATURAL BOUNTY LLC

Certificate of Status	0
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Estimated Charge	\$25.00

MAY - 3 2021

M. SOLOMON

Electronic Filing Menu Corporate Filing Menu

Help

Page: 2 of 5

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NATURAL BOUNTY LLC				
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) liability (company)			
The Articles of Organization for this Limited Liability Company Florida document number <u>L21000163381</u>	were filed on <u>04/08/2021</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:			
NATURAL BOUNTY HAIRCARE & BEAUTY SUPPLIES LLC				
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:	3024 N POWERS DRIVE			
(Principal office address MUST BE A STREET ADDRESS)	ORLANDO, FL 32818	8021		
(Principal appres address sites) DEA STREET ARTHURSON		.≠.6 <u>></u>		
	3024 N POWERS DRIVE	ARY CANASSET		
Enter new mailing address, if applicable:	ORLANDO, FL 32818			
(Mailing address MAY BE A POST OFFICE BOX)	GREATING, LE JESTO	S. S		
		<u> </u>		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, <u>enter the</u>	name of the new registered		
New Registered Office Address:				
And the state of t	Enter Florida street address			
, Florida, Florida				
	Circ	Zip Code		
New Registered Agent's Signature, if changing Registered Agent:	•			
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I provided for in Chapter 605, F.S	am familiar with and . Or, if this document is		

If Changing Registered Agent, Signature of New Registered Agent

To: 18506176383

Page: 3 of 5

. 2021-04-29 00:17:38 GMT

1-407-540-9620

From: Lysander Thorpe EA CAA

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
AMBR SAJATHA FREEMAN		3024 N POWERS DRIVE	■Add
		ORLANDO, FL 32818	
			2022 APR 29
		APR 29 PHE2: 5 Ig	
**************************************			□Add
		□Remove	
			□ Change
			□Add
			□Remove
		and the second s	######################################
		A 10 A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	TlAdd
			□Remove
			☐ Change

1-407-540-9620

D. If amending any oth information, enter change(s) here: (Attach additional sheets, if necessary,)		
	<u>-</u>		
	,	2021	
		21 APR	··ĭ
	\$ 55 Z	\sim	r
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AND THE MALES AND ADDRESS OF THE PROPERTY OF T		PM 12:	C
		5	
E. 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 filing or more than 90 days after thing.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date v document's effective date on the Department of State's records.	Parsuant to 605, will not be liste	0207 (3)(I d as the	b)
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The record is filed.	90th day after	the	
Dated			
Sajatha freeman Signature of a member or authorized representative of a member			
SAJATHA FREEMAN			
Typed or printed name of signee			

Filing Fee: \$25.00