# 121000167554

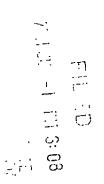
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### **COVER LETTER**

TO:	Registration Section Division of Corporations	
SUBJ	CCT: SU(e Self Naturals LLC Name of Limited Liability Company	
The en	closed Articles of Amendment and fee(s) are submitted for filing.	
Please	return all correspondence concerning this matter to the following:	
	Monique Quens Name of Person	
	Firm/Company	
	7436 Inspira Lane, Unit 2301	
	Napies, FL BA112 City/State and Zip Code	
	E-mail address: (to be used for future amount report notification)	
For fur	ther information concerning this matter, please call:	
	MNigur Dwins at (413) 204-2920 Area Code Daytime Telephone Number	
Enclos	ed is a check for the following amount:	
<b>1</b> √\$2	5.00 Filing Fee	

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 Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.)  Clability Company)
The Articles of Organization for this Limited Liability Company Florida document number L2/D00167554	were filed on April 12 202 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:
The new name must be distinguishable and contain the words "Limited Liabil Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	STE 202  Napres, FL 34112
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BON)	
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 name of the new registered</u>
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 of company has been notified in writing of this change.

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Monique Owens	7436 Inspira Ln	<b>\</b> \ <b>Z</b> \Add
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		7436 Inspira Ln Unit 2301 Naples, FL 34113	[]Change
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<b>Solution</b> If the date inserted in this block does not meet the applicable statutory filing requirements, it ocument's effective date on the Department of State's records.  record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: I is filed.	his date will not be listed as
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ffective date, if other than the date of filing:  an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days affecte:  If the date inserted in this block does not meet the applicable statutory filing requirements, to ocument's effective date on the Department of State's records.  record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: I is filed.  ated  May 26M  Jan Jan Signature of a member or authorized representative of a member	his date will not be listed as

Filing Fee: \$25.00