

8/10/22, 9:24 AM

L21000291664

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : ARAZOZA & FERNANDEZ-FRAGA P.A.
Account Number : 076624003440
Phone : (305)444-6226
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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

Certificate of Status	1
Certified Copy	0
Page Count	05
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2022 Aug 15 AM 10:29

FILED
2022 AUG 15 PM 12:23

ORIGINALLY SUBMITTED ON 08/10/2022
RE-SUBMITTED TODAY 08/15/2022

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T. LEMIEUX

AUG 16 2022

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: NATURAL PHYTOMA 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:

LAURA KOHN
Name of Person

ARAZOZA & FERNANDEZ-FRAGA P.A.
Firm/Company

2100 SALZEDO STREET, SUITE 300
Address

CORAL GABLES, FL 33134
City/State and Zip Code

LAURA@ARAZOZA.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LAURA KOHN at (305) 444-6226
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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 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

NATURAL PHYTOMA LLC

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 06/23/2021 and assigned Florida document number L21000291664.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

CDH CAPITAL HOLDINGS LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

City

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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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
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		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

