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SECRETARY OF STATE

COVER LETTER

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

CUBICT.	NATURALI	LY YOURS', LLC		
SUBJECT:Name of Limited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	emitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Natalie Morrison			
	- · · · ·	Name of Person		
	Naturally Yours', LLC			
		Firm/Company	 _	
6106 NW 68th Terrace				
		Address		
Tamarac, FL 33321				
		City/State and Zip Code		
	naturallyyours11@gmail.co			
	E-mail address: (to be used for future annual report not	ification)	
For further information of	concerning this matter, please c	all:		
Natalie Morrison		561 707-7259 at ()		
Name of Person			ne Telephone Number	
Enclosed is a check for the	he 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		Street Address:	ection	
Registration Section Division of Corporations		Registration Section Division of Corporations		
P.O. Box 6327		The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NATUALLY	YOURS', 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	were filed on 8/2/2021 and a greed	
Florida document numberL21000347575		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
NATURALLY YOURS BATH & BODY, 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:	7860 W COMMERCIAL BLVD	
(Principal office address MUST BE A STREET ADDRESS)	#858	
	LAUDERHILL, FL 33351	
Enter new mailing address, if applicable:	7860 W COMMERCIAL BLVD	
(Mailing address MAY BE A POST OFFICE BOX)	#858	
	LAUDERHILL, FL 33351	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, 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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = M AMBR = A	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Change
		 	□Remove
			□ Change
			□Add
		 	
			□Change
		 	

_____ Change

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<u>te:</u> If	e date, if other than the dat ive date is listed, the date must be s the date inserted in this block of t's effective date on the Depart	pecific and cannot be prior to date of filing or more loss not meet the applicable statutory filing ment of State's records.	(optional) e than 90 days after filing.) Pursuant to 605.0207 requirements, this date will not be listed as
ecord s s filed		e, but not an effective time, at 12:01 a.m. or	the earlier of: (b) The 90th day after the
ed	MARCH 23rd	. 2022	
	- Natale	MPLUSON ature of a member or authorized representative o	Sa mamba
	NATALIE MORRISON	nure of a memoer or authorized representative o	га шетрег
	MATALIL MORRISON		