

11/8/21, 11:59 AM

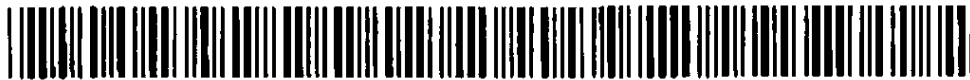
Division of Corporations

L21000470498

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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H210004135173ABCV

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : JELEN ACCOUNTING SERVICES, INC
Account Number : I20120000052
Phone : (305)591-9180
Fax Number : (305)591-9167

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DIVISION OF CORPORATIONS
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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.****

Email Address: info@jelenaccounting.com

2021 NOV -8 PM 12:20

ALLAHASSE
FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
NATURAL PRODUCTS AMAZONAS LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

NOV 09 2021

A. LUNT

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

NATURAL PRODUCTS AMAZONAS 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 10/29/2021 and assigned
Florida document number L21000470498.

This amendment is submitted to amend the following:

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

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

City, **Florida** 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

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DIVISION OF CORPORATE
2021 NOV - 8 AM 10:17

MGR = Manager
AMBR = Authorized Member

[illegible]

Change the effective date to November 5, 2021

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FBI
SECONDARY OF STATE
DIVISION OF CONSTITUTION

Typed or printed name of signee