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COVERLETTER

TOYA STEWARD

RETURN ADDRESS: 10111 W SUNRISE BLVD APT 203, PLANTATION, FL 33322

DAYTIME PHONE NUMBER: 954-557-3518

COVER LETTER

TO:	Registration Section Division of Corporations					
		D CONSULTING, LLC				
SUBJI						
		Name of Limited Liability Company				
The en	closed Articles of	Amendment and fee(s) are subs	mitted for filing.			
Please	return all correspo	ondence concerning this matter	to the following:			
		TOYA STEWARD				
			Name of Person			
		 	Firm/Company			
			Address	<u></u>		
		AMBITIOUST@GMAIL.C	City/State and Zip Code			
		E-mail address: (t	o be used for future annual report notif	ication)		
For fur	ther information c	oncerning this matter, please ca	ıll:			
TOYA	STEWARD		954 557-3518			
	Name o	f Person	at () Area Code Daytime	Telephone Number		
Enclos	ed is a check for th	ne following amount:				
S \$2	5.00 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 Addres Registration S		Street Address: Registration Sec	etion		

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

TSTEWARD CONSULTING, 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 _____ and assigned This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: THE NATURAL NU, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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

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>	Address	Type of Action
			□Remove
			Change
			Remove
		···	□Change
			Remove
		,	Change
			□Add
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			Change
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ffective date, if other than the	March 21, 2023 e date of filing: (optional)	
an effective date is listed, the date mu-	ist be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605, clock does not meet the applicable statutory filing requirements, this date will not be liste	
record specifies a delayed effectiv l is filed.	ve date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after	the
March 21	2023	
ated		
	Mu > Jubli	
	Signature of a member or authorized representative of a member	

Typed or printed name of signee