# 122000049333

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SECRETARY OF STATE

### **COVER LETTER**

TO: Registration Section Division of Corporation			
SUBJECT: ALL	Natural Cla	egning Ent U	<u>C.</u>
The enclosed Articles of Art	nendment and fee(s) are sub	mitted for filing.	
Please return all correspond	ence concerning this matter	to the following:	
	Vane	2550 Smith Name of Person	
	ALL Notural	Firm/Company	<u>LC .</u>
	11891 Red	HIDISCUS DR U	nit 104
	Bonita SI	Prings, FL 34 City/State and Zip Code	135
	essential con E-mail address: (1	Cierge Services Out to be used for future annual report notific	Hooh, Gom
For further information con-	cerning this matter, please ca	all:	
Vonessa E	5mith erson	aț ( <u>239</u> ) <u>327</u> Area Code Daytime	4133 Telephone Number
Enclosed is a check for the t	following amount:		
\$25.00 Filing Fee	S30.00 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 ORGANIZATIO

## FILED

ARTICLES OF ORGANIZATION

御2 APR 11 AM 9:12.

ALL Matural Clean (Name of the Limited Liability Compa (A Florida Limited I	ny ability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>£33000048333</u> .	were filed on January 27,2023 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab  Essential Concience Sc  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)	<del></del>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	eddress 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

### 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.

City

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>	Name	Address	Type of Action
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			□Remove
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. If amo	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an eff Note:	ve date, if other than the date of filing:
the recor	I specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
Dated	April 6, 2022.
	Vacuus Suitte Signature of a member or authorized representative of a member
	Vannes Smith