422000094868

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
}

Office Use Only



800393135748

08/31/22--01015--012 **60.00

SECRETARY OF STATE
TALLAHASSEE, FL

7077 NIC 31 MM Q-1

COVER LETTER

Division of Cor		.•	F^{-2}
SUBJECT: Natur	ralessence2021 LLC		
SUBJECT.		ited Liability Company	·
	Amendment and fee(s) are sub		2022 AUG 31 SECRETARY TALLAHA
	Robert Bryant	Name of Person	TARY OF AHASSE
	Naturalessence		OF STATE
	141 Mante Driv		
	Kissimmee, Fl	34743	
	Robcando69@		
For further information of	E-mail address: (concerning this matter, please c	to be used for future annual report not all:	ification)
Robert Bryant		at (407) 552-944	1 5
Name o	d Person	Area Code Daytin	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 Addres	Section	<u>Street Address:</u> Registration Se	ection
Division of C	•	Division of Co	-
P.O. Box 632 Tallahassee, 1		The Centre of 7 2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

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

(Name of the Lim	ited Liability Compa (A Florida Limited I	ny as it now appears on our Liability Company)	records) E. STATI
The Articles of Organization for this Limited I Florida document number 1.22000094868		were filed on $\frac{02/21/2022}{2}$	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name	of the limited liab	ility company here:	
The new name must be distinguishable and contain the	words "Limited Liabil	lity Company," the designatio	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	141 Mante Drive Kissin	nmee, Fl 34743
(Principal office address MUST BE A STRE	ET ADDRESS)		7.77.
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	(BOX)		
B. If amending the registered agent and/or agent and/or the new registered office addre	registered office a	address on our records,	enter the name of the new registered
Name of New Registered Agent:	Tashonda Bryar	nt	
New Registered Office Address:	141 Mante Driv	re	
		Enter Florida street	address
	Kissimmee		Florida ³⁴⁷⁴³
		City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

Naturalessence2021 LLC

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.

Tashonda Bryant

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
MGR	Tashonda Bryant	141 Mante Drive Kissimmee, Fl 34743	= Add
			□ Remove
			□Change
			□ Add
			Remove
			Change
			□Add
			□Remove
			Change
			200 AUG SECRET
			PREMINE TO CHARGE TO THE PROPERTY OF THE PROPE
			STATE OF STA
		***************************************	□Remove
		**************************************	□Change
			🗆 Add
			C n

	As of 08/23/2022	Robert Bryant will own 20% of Naturalesser	ce2021 LLC
_			SECTION TO
			AUG 3
_			_ _ _ _ _ _ _ _ _
_			SSOF F 99
			- 5
_			
_			
			·
(If an effec <u>Note:</u> If	the date inserted in this blo	date of filing: the specific and cannot be prior to date of filing or more than 90 day ock does not meet the applicable statutory filing requirement apartment of State's records.	
f the record ecord is filed		e date, but not an effective time, at 12:01 a.m. on the earlier	of: (b) The 90th day after the
Dated _	August 23	2022	
	Robert Bryan	t .	
		Signature of a member or authorized representative of a member	, ,
		obert Bryant	

Filing Fee: \$25.00