Department of State

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(((H23000371171 3)))



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To:

Division of Corporations

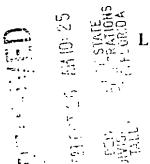
Fax Number : (850)617-6383

From:

Account Name : INCFILE.COM LLC Account Number : 120220000070 Phone : (888)462-3453 Fax Number : (877)919-2613

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

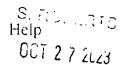
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Registration Section

Tallahassee, FL 32314

TO:

COVER LETTER

(((H23000371171 3)))

Division of Cor	porations			
SUBJECT: FIVE N	ATURE LLC			
SUBJECT: VV = VV	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	LOVETTE DOBSON			
		Name of Person		
		Firm/Company	_	
	1705N CW (WIT HINN) 240			
	17350 STATE HWY 249			
		Address		
	HOUSTON TX 77064			
	EFILE1234@INCFILE.CO	City/State and Zip Code		
		to be used for future annual	report notific	ation)
For further information c	oncerning this matter, please c	all:		
LOVETTE DOBSON			884623453	
Name o	f Person	at () Area Code	Daytime 1	Felephone Number
Enclosed is a check for th	e following amount:			
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee Certified Copy (additional copy is en		S60,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres		Street A		•
Registration S Division of C		_	ration Section of Corpo	
P.O. Box 632			intre of Tal	

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

0/26/2023 04:39.34 CDT - •

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(((H23000371171 3)))

FIVE NATURE LLC

	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L23000139007</u> .	were filed on03/20/2023	_ and assigned
This amendment is submitted to amend the following:		
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 Liabi	lity Company," the designation "LLC" or the abbre	
Enter new principal offices address, if applicable:	2192 Ramblewood Circle	7.
(Principal office address MUST BE A STREET ADDRESS)	Decatur, GA 30035	
		``
		٦
Enter new mailing address, if applicable:	2192 Ramblewood Circle	
(Mailing address MAY BE A POST OFFICE BOX)	Decatur, GA 30035	ა ა
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address:	Enter Florida street address	
New Registered Office Address:	, Florida	Zin Coda
		Zip Code
New Registered Office Address: New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent and agreerovisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as pheing filed to merely reflect a change in the registered office company has been notified in writing of this change.	Florida Cuy ee to act in this capacity. I further agree performance of my duties, and I am fam- provided for in Chapter 605, F.S. Or, if t	to comply with the diliar with and his document is

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records: (((H23000371171 3)))

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Robert Kabera	2192 Ramblewood Circle	DAdd
		Decatur, GA 30035	□Remove
			□Add
			□Remove
			□Change
			🗆 Add
			□Remove
			TChange
		□Add	
			□Remove
		□Change	
			□Add
			URemove
		Change	
			①Add
			□Remove
		(((H23000371171 3)))

	. \
	tive date, if other than the date of filing:
Note:	
<u>Note:</u> docur	ord 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 filed.

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Typed or printed name of signee