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CEPARIMENT OF STATE
SIVISION OF CORPORATION

A. PARISHANI NOV 0 5 2023

COVER LETTER

TO: Registration Se Division of Cor		ŕ				
•	Nature's Nurse	ries of Naples, LLC				
SUBJECT:	Name of Lim					
	Amendment and fee(s) are sub	-	Z3 OCT 30 DEPARTMENT VISION OF CO FALLAHASSE			
i wase retuin an correspo	machee concerning and matter	Norberto Hernandez	OF STARPORATE. FLOR			
		Name of Person				
5458 Catts Street						
	Address					
	N	aples, Florida 34113				
		City/State and Zip Code				
For further information c	E-mail address: (concerning this matter, please c	to be used for future annual report no all:	ntification)			
Norberto Hernandez		239 825-2694				
Name of Person			ine Telephone Number			
Enclosed is a check for the	he following amount:					
☐ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	LI \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy tadditional copy is enclosed)			
Mailing Address: Registration Section		Street Address: Registration S	ection			
Division of Corporations		Division of Corporations The Centre of Tallahassee				
P.O. Box 6327 Tallahassee, FL 32314			2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Nature's Nurseries of Naples, LLC

(<u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appear	rs on our records.)	700 3	
<i>(</i>)	a company		GRESS OF CO	
The Articles of Organization for this Limited Liability C	Company were filed on	10/24/2023	and signed	
Florida document number L23000486848				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lim	iited liability company h	ere:		
Nature's	s Nursery of Naples, LLC			
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the o	designation "LLC" or	the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADD)	RESS)			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registere	ed office address on our i	records, <u>enter the</u>	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			
		Florid		
	City		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 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
			□Add
			🗆 Remove
		 	□Change
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			□Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: _ _(optional) (If an effective date is listed, the date most be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record 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 record is filed. October 27th Dated Signature of a member or authorized representative of a member Norberto Hernandez Typed or printed name of signee

Filing Fee: \$25.00