## 24000483387

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

Office Use Only



500440470125

12/04/24--01012--022 \*\*25.00

'JAN 15 S. PRATHER

## **COVER LETTER**

• • •

Name of Limited Liability Company  The enclosed Articles of Amendment and fee(s) are submitted for filing.  Please return all correspondence concerning this matter to the following:  PHABIE JEUNE  Name of Person  Firm/Company  PMD  1707 W REYNOLDS ST STE 104 PB 1015. PLANT CITY, FL, 33563  Address  503 WHITEHALL STREET APT E, PLANT CITY, FL, 33563  City/State and Zip Code  NATURAL@WWWNATURALSIEK.COM  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  PHABIE JEUNE  Name of Person  Area Code  S25.00 Filing Fee  S30.00 Filing Fee & Certified Copy  (additional copy is enclosed)  Mailing Address:  Street Address:					
The enclosed Articles of Amendment and fee(s) are submitted for filing.  Please return all correspondence concerning this matter to the following:  PHABIE JEUNE  Name of Person  Firm/Company  Firm/C		ATURASIL	K L.L.C		
PHABIE JEUNE    Name of Person	SUBJECT:		Name of Limi	ited Liability Company	<u>.                                    </u>
PHABIE JEUNE    Name of Person	The enclosed A	rticles of A	mendment and fee(s) are sub-	mitted for filing.	
Firm*Company  Firm*Company  FME  1707 W REYNOLDS ST STE 104 PB 1015, PLANT CITY, FL, 33563  Address  503 WHITEHALL STREET APT E ,PLANT CITY, FL, 33563  City/State and Zip Code  NATURAL@WWWNATURALSILK.COM  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  PHABIE JEUNE  863  S121853  at (	Please return al	l correspone	lence concerning this matter (	to the following:	
Firm/Company  Fi			PHABIE JEUNE		
Total Writeria   Total Writeria   Total Principle   Total Princi		Name of Limited Liability Company  sed Articles of Amendment and fee(s) are submitted for filing.  Image: PHABIE JEUNE  PHABIE JEUNE  Name of Person  Firm/Company PME  1707 W REYNOLDS ST STE 104 PB 1015. PLANT CITY, FL, 33563  Address  503 WHITEHALL STREET APT E ,PLANT CITY, FL, 33563  City/State and Zip Code  NATURAL@WWWNATURALSILK.COM  E-mail address: (to be used for future annual report notification)  r information concerning this matter, please call:  IEUNE  Name of Person  at (  Area Code Daytime Telephone Number  s a check for the following amount:  D Filing Fee \$ \$60.00 Filing Fee, Certificate of Status & Certificate of Status & Certified Copy  (additional copy is enclosed) Certified Copy			
Name of Limited Liability Company  The enclosed Articles of Amendment and fee(s) are submitted for filing.  Please return all correspondence concerning this matter to the following:  PHABIE JEUNE  Name of Person  Firm?Company  PME  1707 W REYNOLDS ST STE 104 PB 1015, PLANT CITY, FL, 33563  Address  503 WHITEHALL STREET APT E. PLANT CITY, FL, 33563  City/State and Zip Code  NATURAL@WWWNATURALSILK.COM  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  PHABIE JEUNE  Name of Person  S25.00 Filing Fee  S25.00 Filing Fee  S30.00 Filing Fee & S55.00 Filing Fee & Certificate of Status & Certificate Copy  Certificate of Status & Certificed Copy  Cadditional copy is enclosed)  S60.00 Filing Fee.					
City/State and Zip Code  NATURAL@WWWNATURALSILK.COM  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  PHABIE JEUNE  Name of Person  Name of Person  Second Person  Second Person  Area Code  Daytime Telephone Number  Enclosed is a check for the following amount:  Second Person  Certificate of Status  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)				Address	
Name of Limited Liability Company  ed Articles of Amendment and fcc(s) are submitted for filing.  m all correspondence concerning this matter to the following:  PHABIE JEUNE  Name of Person  Firm*Company  PME  1707 W REYNOLDS ST STE 104 PB 1015, PLANT CITY, FL, 33563  Address  503 WHITEHALL STREET APT E, PLANT CITY, FL, 33563  City/State and Zip Code  NATURAL@WWWNATURALSILK.COM  E-mail address: (to be used for future annual report notification)  information concerning this matter, please call:  EUNE  Street Address: Certificate of Status  Certificate of Status  Certified Copy (additional copy is enclosed)  failing Address: Cegistration Section Privision of Corporations  Street Address: Cegistration Section Privision of Corporations  Division of Corporations					
E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  PHABIE JEUNE  863  at (					· · · · · · · · · · · · · · · · · · ·
PHABIE JEUNE  863  St 121853  Area Code  Daytime Telephone Number  Enclosed is a check for the following amount:  \$\Begin{array}{ c c c c c c c c c c c c c c c c c c c			-		(cation)
Name of Person  Area Code  Daytime Telephone Number  Enclosed is a check for the following amount:  S25.00 Filing Fee  Certificate of Status  Certified Copy  (additional copy is enclosed)  Certified Copy  (additional copy is enclosed)	For further info	rmation con		·	(Cancar)
Enclosed is a check for the following amount:    S25.00 Filing Fee   S30.00 Filing Fee &   S55.00 Filing Fee &   S60.00 Filing Fee,	PHABIE JEUN	VE.			
■ \$25.00 Filing Fee  Certificate of Status  Certified Copy (additional copy is enclosed)  S60.00 Filing Fee, Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)		Name of P	Person	Area Code Daytime	: Telephone Number
Certificate of Status  (additional copy is enclosed)  Certificate of Status &  Certified Copy  (additional copy is enclosed)  Certified Copy  (additional copy is enclosed)	Enclosed is a cl	neck for the	following amount:		
Mailing Address: Street Address:	<b>■</b> \$25.00 Fili	ng Fee	~	Certified Copy	Certificate of Status & Certified Copy
			ection		ction
Division of Corporations Division of Corporations	Divis	ion of Co		Division of Cor	porations
			27714		

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NATURASILK L.L.C		<u></u>
( <u>Name of the Limited Liability Compa</u> (A Florida Limited	ny as it now appears on our records.) Liability Company)	
		el. di
ne Articles of Organization for this Limited Liability Company	were filed on 11/15/2024	and assigned
orida document number L24000483387		
nis amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liab	ility company here:	
ATURALSILK LLC		
ne new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the	abbreviation "L.L.C."
nter new principal offices address, if applicable:	1707 W REYNOLDS ST STE 104 PM	ив 1015
Principal office address MUST BE A STREET ADDRESS)	PLANT CITY ,FL. 33563	
nter new mailing address, if applicable:	503 WHITEHALL ST,APT E, PLAN	T CITY, FL, 33563
Mailing address MAY BE A POST OFFICE BOX)		
. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the na</u>	nme of the new regist
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	. Florida	
	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 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
			□Add
			Remove
			Change
	•		□Add
		•	□Remove
		· · · ·	□Change
	<del></del>		□Add
			□Remove
			☐ Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			∏Chanee

	<u></u>				
		<u> </u>	<u> </u>		
-					
		<del></del>		· · · · · · · · · · · · · · · · · · ·	<del></del>
					<del></del>
•	· · · · · · · · · · · · · · · · · · ·			<del>-</del>	
-17-14		<del></del>			
			——————————————————————————————————————	<u> </u>	
Effective date, if other than it an effective date is listed, the dat Note: If the date inserted in the document's effective date on the date in the date in the date on the date of the date.	his block does not meet the	applicable statute	ing or more than 90 day rry filing requirement	(optional) s after filing.) Pursuar is, this date will not	n to 605.0207 ( be listed as t
e record specifies a delayed ef rd is filed.	fective date, but not an effective	ctive time, at 12:0	1 a.m. on the earlier	of: (b) The 90th d	lay after the
Dated	2024				
	habie Je	or authorized repres	antitive of a momber	<u>.</u> .	<del></del> ~3
	Malianae of a member.				
PHABIE JEUNE	Signature of a member	or administration repres	emative to a member	;	2024 CEC