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E E E E D 2021 AUG 18 PM 12: 55 SEÇRETARY OF STATE

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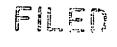
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COVER LETTER

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eup we		AL NUTRITION USA ELC		
SUBJECT	ı:	Name of Lim	ited Liability Company	
The enclos	sed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please retu	ırn all correspo	ondence concerning this matter	to the following:	
		Miguel Mariaca		
			Name of Person	
		ESSENTIAL NUTRITION	N USA ELC	
		~~~	Firm/Company	
	8350 NW 52nd Terrace. Suite 301			
			Address	
		Doral, FL 33166		
			City/State and Zip Code	
		mmariaca@centergroup.com		
Con Combo	r information (to be used for future annual report not	ification)
		concerning this matter, please c		
Miguel M	ariaca		305 471-4870 at ()	
	Name o	of Person	Area Code Daytin	ne Telephone Number
Enclosed i	s a check for t	he following amount:		
■ \$25.0	0 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)
	<u>failing Addre</u> Registration		<u>Street Address:</u> Registration Se	ection
[Division of C	Corporations	Division of Co	rporations
	P.O. Box 632 Tallahassee,		The Centre of	Tallahassee be Street, Suite 810

Tallahassee, FL 32303

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



2021 AUG 18 PM 12: 55

OUGHERMAN HIP STULE
SECRETARY OF STATE any as it now appears on our resorts!) AHASSEC, F! Liability Company)
y were filed on 01/08/2021 and assigned
bility company here:
ility Company," the designation "L.L.C" or the abbreviation "L.L.C." 8350 NW 52nd Terrace
8350 NW 52nd Terrace
8350 NW 52nd Terrace Suite 301

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:	Center Group Corp	
New Registered Office Address:	8350 NW 52nd Terrace, S	uite 301
	Ei	ner Florida street address
	Doral	. Florida ³³¹⁶⁶
	City	Zip Code

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

ESSENTIAL NUTRITION USA 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.

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
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Effective date, if other than the difference of an effective date is listed, the date must be Note: If the date inserted in this blood document's effective date on the Dep	ck does not meet the ap	plicable statutory filin	nore than 90 days after filing requirements, this dat	g.) Pursuant to 605.0207 te will not be listed as
e record specifies a delayed effective d is filed.	date, but not an effective	ve time, at 12:01 a.m.	on the earlier of: (b)	The 90th day after the
August 11	2021			
Dated	 ·			
	<u></u>			
	Signature of a member or a			

Filing Fee: \$25.00