## m 001 276

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## **COVER LETTER**

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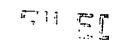
TO;				
eun u		Nutrient Science International.	LLC	
SORTI	ECT:	Name of Lim	ited Liability Company	<del></del>
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		David J.McCabe		
		Nutrition Research Solution	Name of Person ns, LLC	<del></del> -
Division of Corporations  SUBJECT: Advanced Nutrient Science International, LLC  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:  David J.McCabe    Name of Person				
		Largo, FL 33777	Address	<del></del> _
		· <del>-</del>	n	
For fur	ther information c			fication)
Terry	at ()			
	Name o	f Person	Area Code Daytim	e Telephone Number
Enclos	ed is a check for the	ne following amount:		
<b>≡</b> \$2	5.00 Filing Fee		Certified Copy	Certificate of Status &

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Advanced Nutrient Science International, LLC

2019 AM - 5 PM 5

( <u>Name of the Limited Liability Com</u> (A Florida Limited	pany as it now appears on our records.) d Liability Company)
The Articles of Organization for this Limited Liability Companies Florida document number $\frac{\text{L04000001276}}{\text{L04000001276}}$ .	ny were filed on 12/30/2003 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	ability company here:
Nutrition Research Solutions, LLC	
The new name must be distinguishable and contain the words "Limited Lial	bility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	-
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	EL 11

## 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 a 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.

City

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 add or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□ Remove
			Change
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ote: If the date inserted in thi	the date of filing:	
e record specifies a dela The 90th day after the	yed effective date, but not an effective time, at 12:01 a.m. on threcord is filed.	ie earlier d
August 2 🔥	2019	
Dated August 2	·	
\ \ \ /		
	Signature of a member or authorized representative of a member	<u>_</u>
$\vee$		
David J. McCabe		
<del> </del>	Typed or printed name of signee	

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Filing Fee: \$25.00