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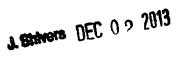
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The Nutrition Sciences Collaborative, 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:

Jason Hamilton Mikes

Name of Person

Hamilton Mikes, P.A.

Firm/Company

711 5th Ave. South #212

Address

Naples, FL 34102

City/State and Zip Code

Jason@Hamiltonmikes.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jason Hamilton Mikes

239 594-7227

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

■ \$25.00 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 & Sta

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

The Nutrition Science (Name of the Limited Liability	nces Collabor Company as it now appea Imited Liability Company)	rative LLC ars on our records.)		_	
The Articles of Organization for this Limited Liability Co	1	Izalis	and	assigned	
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limi	ted liability company he	<u>ere</u> :			
The new name must be distinguishable and end with the word "L.L.C."	ds "Limited Liability Comp	pany." the designation	n "LLC" or t	he abbreviation	
Enter new principal offices address, if applicable:	711 5th Ave	e. South			
(Principal office address MUST BE A STREET ADDR	ESS) Suite 212				
	Naples, FL	34102			
				5	
Enter new mailing address, if applicable:	711 5th Ave	e. South	1 3 8	ಷ ಎ	
(Mailing address MAY BE A POST OFFICE BOX)	Suite 212			-	
	Naples, FL	34102		Ĭ.	
				· ·	
B. If amending the registered agent and/or regist registered agent and/or the new registered office additional additional actions and the registered office additional actions are registered agent and/or the new registered office additional actions and the registered agent and/or the new registered agent agent agent and agent age		our records, ente	erşthe nam	e of the new	
Name of New Registered Agent: Ham	ilton Mikes, P.A.				
New Registered Office Address: 711 8	5th Ave. South #212	· -			
	Enter Florida street address				
Napl	es	, Florida	34102		
	City	,	Zip C	Code	
New Registered Agent's Signature, if changing Registered	1 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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member					
<u>Title</u>	<u>Name</u>	Address	Type of Action		
			Add		
			Remove		
	·		Add		
			Remove		
			Add		
			Remove 5		
			Add		
			Remove		
			Add		
			Remove		
			Add		
			Remove		

D. If an	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	•
Dated _	NOVEMBER 22, 2013.
	- Auth
	Signature of a member or authorized representative of a member
	Jason Hamilton Mikes
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00