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Division of Corporations

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Email	Address:		

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN INNOVATIVE NUTRIENTS LLC

IS JUN IS PM 1:36 SECRETARY OF STATE ALLAHASSEE, FLORIDA

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\$25.00

J. HARRIS

ARTICLES OF AMENDMENT TO . . . ARTICLES OF ORGANIZATION OF

	INNOVATIVE NUTRIENTS LLC	:	
(Name of the Lim	ited Liability Company as it now appe (A Florica Limited Liability Company	ars on our records.)	
The Articles of Organization for this Limited !	Liability Company were filed on _	03/26/2014	and assigned
Florida document numberL14000049566			
This amendment is submitted to amend the fol	llowing:		
A. If amending name, enter the new name	of the limited Hability company	here:	
N/A			
The new name must be distinguishable and contain the	words "Limited Liability Company," the	designation "LLC" or the abt	previation "L.L.C."
Euter new principal offices address, if appli	icable:	[- <u>6</u>]	نے د
(Principal office address MUST BE A STRE		3 = 0	
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Enter new mailing address, if applicable:			ို့ တဲ့
(Mailing address MAY BE A POST OFFICE	E BOX)	<u> </u>	=
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B. If amending the registered agent and	l/or registered office address o	on our records, enter	the name of the n
registered agent and/or the new registered (office address here:		
Name of New Registered Agent:	N/A		
New Registered Office Address:			
	Enter Fi	ortda street address	
		, Florida	
·	Çity	,	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>	Name	Address	Type of Action
MGR	RICARDO ALVAREZ	11701 NW 102 ROAD, STE # 14	
		MEDLEY, FL 33178	□ Remove
			□ Change
MGR	ANDREW B. NUDELMAN	11701 NW 102 ROAD, STE # 14	
		MEDLEY, FL 33178	
			Change
			
			☐ Remove
		AND A NAME OF THE OWNER, WHITE OF THE OWNER, WHITE OWNER, WHITE OWNER, WHITE OWNER, WHITE OWNER, WHITE OWNER,	Change
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	JUNE 11, 2015	
	ate of filling: e specific and cannot be prior to date of filling or more than	(optional) 90 days after filing) Pursuant to 605.
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