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A. BUTLER MAY 26 2022

TO: Registration Section **Division of Corporations** NuTrae, LLC SUBJECT: 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: Rana Hill, Paralegai Name of Person Dentons US LLP Firm/Company 303 Peachtree Street, Suite 5300 Address Atlanta, Georgia 30308 City/State and Zip Code rana.hill@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Rana Hill Daytime Telephone Number Name of Person Enclosed is a check for the following amount: □ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & □ \$60.00 Filing Fee. Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed)

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Mailing Address:

Registration Section Division of Corporations P.O. Box 6327

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Division of Corporations
The Centre of Tallahassee

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

NUTRAE, LLC		2022 MAY 24 AM 10: 50		
(Name of the Lim	ited Liability Company as it nov (A Florida Limited Liability Co			
The Articles of Organization for this Limited I	•	TALL AMAGGE STATE	Ė	
Florida document number L14000183135	·			
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name of	of the limited liability comp	pany here:		
The new name must be distinguishable and contain the	words "Limited Liability Compan	y," the designation "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if appli	cable:			
(Principal office address MUST BE A STRE	ET ADDRESS)			
Enter new mailing address, if applicable:			. <u> </u>	
(Mailing address MAY BE A POST OFFICE	BOX)			
		n our records, <u>enter the name of the new reg</u>	<u>istered</u>	
agent and/or the new registered office addre	ess nere:			
Name of New Registered Agent:	Universal Registered Ager	nts, Inc.		
New Registered Office Address:	1317 California Street			
- -	Enter Florida street address			
	Tallahassee	, Florida ³²³⁰⁴		
	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 Resistered Agent, Signature of New Registered Agent

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That amending Authorized rerson(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
AMBR	Verano IP, LLC	415 Dearborn Street, 4th Floor	
		Chicago, Illinois 60654	□Remove
			□Change
AMBR	Alternate Medical Enterprises LLC	1451 Global Court	
		Sarasota, FL 34240	■Remove
			□Change
CFO_	Joseph Stroud	1451 Global Court	□Add
		Sarasota, FL 32340	XRemove
			□Change
			□Add
			□ Remove
			□Change
			□Add
			□Remove
			🖸 Add

____ □Remove

Effective date, if other than the date of filing: [If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020. Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records. The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ord is filed. Dated May 19								
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