L14000191445

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

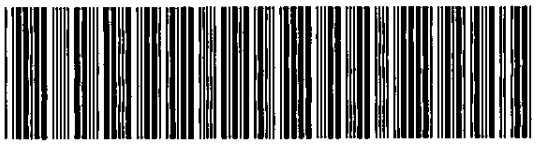
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300283497333

16 MAR 18 PM 3:03

SECRETARY OF STATE
TALLAHASSEE FLORIDA

AMENDED AND FILED

03/18/16--01004--008 **30.00

MAR 18 2016

J SHIVERS

RECEIVED
DEPARTMENT OF STATE
16 MAR 18 PM 2:58

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Genesis Nutritional Center + More, LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 12/16/14 and assigned Florida document number L14000191445.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Naturally U Nutritional + More, LLC

The new name must be distinguishable and contain the words "Limited Liability 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)

114 North Madison St.
Quincy, FL 32351

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

114 North Madison St.
Quincy, FL 32351

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: _____

New Registered Office Address: _____

Enter Florida street address

_____, **Florida** _____

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 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

Title	Name	Address	Type of Action
MGR	Johnnie M. McWhite	~~114 N. Madison St.~~	☐ Add
		114 N. Madison St. Quincy, FL 32351	☐ ~~Remove~~
			☐ Change
MGR	DeNorte D. Sconiers	114 N. Madison St. Quincy, FL 32351	☒ ~~Add~~
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

SECRETARY OF STATE TALLAHASSEE, FLORIDA
16 MAR 18 PM 3:05

D. **If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

16 MAR 18 PM 3:0
SECRETARY OF STATE
FLORIDA
FILED

E. **Effective date, if other than the date of filing:** 3/18/16 **(optional)**
(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 605.0207 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If 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 record is filed.

Dated March 18, 2016.

Priscilla D. McGriff
Signature of a member or authorized representative of a member

Priscilla D. McGriff
Typed or printed name of signee

Filing Fee: $25.00