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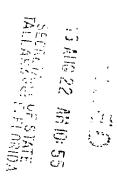
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J. HARRIE

COVER LETTER

TO: Registration Sec Division of Corp	ction Porations		
SUBJECT:	Elly Number of Lim	M M M A M A ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	There	Name of Person	
	E	Le nutriton tan	wa
·	45395.	Day Waby	Hwy
	# (0) Tax	paig 3364	
	E-mail address: (City/State and Zip Code City/State and Zip Code City/State and Zip Code City/State and Zip Code	Operation)
For further information co	ncerning this matter, please ca	all:	
Name of	Dy slavou Person	at (77) 743-10 Area Code Daytime	05 Telephone Number
Enclosed is a check for the	e 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 & Certified Copy (additional copy is enclosed)

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

Elite nur	ition tamp		<u> </u>	· · · · · · · · · · · · · · · · · · ·	
(<u>Name of the Limiter</u> (/	l Liability Company as A Florida Limited Liabilit	t now appears on our record y Company)	<u>ds.</u>)		
The Articles of Organization for this Limited Lia Florida document number	bility Company were	filed on	114	and assign	ned
This amendment is submitted to amend the follow	wing:				
A. If amending name, enter the new name of the house of t	ion LLC		C" or the abbrevi	iation "L.L.(<u>a. n</u>
Enter new principal offices address, if applical	ble:	·			
(Principal office address MUST BE A STREET	ADDRESS)		<u>⊼</u> .v.		
			<u>} </u>	<u> </u>	<u> </u>
Enter new mailing address, if applicable:				5 5 5	•
(Mailing address MAY BE A POST OFFICE B	 			<u> </u>	i :
(Matting duares MAT BE A FOOT OFFICE B	<u></u>		무당	- ⇔ :	No the
			- Eri	- 5 7	
B. If amending the registered agent and/or registered agent and/or the new registered offi		address on our record	s, enter the	name of	the new
Name of New Registered Agent:					
New Registered Office Address:	101 2	125 AVLUT Enter Florida street addre.	un Ir	409	
	Tampa		orida <u>33</u> (002	
	1 (lity	2	ip 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 = A	Authorized Member	-	
<u>Title</u>	Name	<u>Address</u>	Type of Action
			Add
		***************************************	□ Remove
			□ Change
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ffective de	ate, if other than	n the date of f	iling:		(a	ptional)
an effective	date is listed, the da	te must be specific	c and cannot be pri	or to date of filing or	more than 90 days	after filing.) Pursuant to 605.02 this date will not be listed:
	effective date on t					
				not an effective	time, at 12:0	1 a.m. on the earlier
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