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### **COVER LETTER**

TO: Registration Sec Division of Corp			
	MAR NUT	rition / Cd	
SUBJECT:		<u> </u>	<del>-</del>
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:  Tultf Mavvenko  Name of Person  MB Nuth from  Firm/Company  1717 Caach makers Lane  Address  Clean Waker FT 33765  drimar Venko @ Jmail, Cam  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Julth Marvenko at 410  Name of Person  Area Code Daytime Telephone Number  Enclosed is a check for the following amount:  S25.00 Filling Fee & S30.00 Filling Fee & S55.00 Filling Fee & S40.00 Filling Fee			
The enclosed Articles of A	mendment and fee(s) are subm	nitted for filing.	
Please return all correspon	dence concerning this matter to	o the following:	
	Jul	ref Marvent	
	MB	Name of Person  Nothifian	
	1717 (		aue
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:  Tultef Marvenko  Name of Person  MB Num for N  Firm/Company  1717 Coach makers Lane  Address  Clean Waker Ft 33765  City/State and Zip Code  Area To Venko  Beneficial of Status  Tultef Marvenko  Area Code  Daytime Telephone Number  Enclosed is a check for the following amount:  S25.00 Filing Fee  Certificate of Status  Certificed Copy  (additional copy is enclosed)  S00.00 Filing Fee.  Certificate of Status & Certified Copy  (additional copy is enclosed)			
		•	•
Division of Corporations  MB Nutrifical Liability Company  The enclosed Articles of Amendment and fee(s) are submitted for filing.  Case return all correspondence concerning this matter to the following:  Tultf Marvenko  Name of Person  MB Nutrifical  Name of Person  MB Nutrifical  Firm/Company  1717 Coach markers Lave  Address  Clear Wafers  Address  Clear Wafers  Ary Marvenko  Daytime Telephone Number  Closed is a check for the following amount:  \$25.00 Filing Fee \$ \$30.00 Filing Fee & Certificate of Status & Certificate of St			
	4		,
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:  Tulef Marvenko  Name of Person  MB Nutrice for Marvenko  Name of Person  Clear Wafer Firm/Company  1717 Caach makers Lane  Address  Clear Wafer Firm/Company  City/State and Zip Code  Address  City/State and Zip Code  Of Marvenko  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Tulef Marvenko  Area Code  Name of Person  Area Code  Daytime Telephone Number  Cinclosed is a check for the following amount:  Concernificate of Status  Certified Copy  (additional copy is enclosed)  Certified Copy  (additional copy is enclosed)			
Name of F	Person	Area Code Daytime Tel	ephone Number
Enclosed is a check for the	following amount:		
□ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy

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

$\sim$	1B N	Jutrition	LLC	 <del>-</del> -
			, ,	
The Articles of Organization for this Limited Lia Florida document number	bility Company	were filed on/	27/2016	and assigned
This amendment is submitted to amend the follow	ving:			
A. If amending name, enter the new name of t	he limited liab	ility company here:		
The new name must be distinguishable and contain the wor	ds "Limned Liabil	ity Company," the designation	on "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applical	ble:	1717 (	Loacha	iakers lane
(Principal office address MUST BE A STREET	ADDRESS)	Clear	water	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE Be	<u>0X)</u>			SECRETARY OF COR
B. If amending the registered agent and/or registered agent and/or the new registered officers.	registered of ce address here	fice address on our r	ecords, <u>enter</u>	PON ALLO STATE THE NAME OF THE
Name of New Registered Agent:	Jul	iet Max	venko	<u> </u>
New Registered Office Address:	171	7 Coach	makers	Lane
	Clear	Enter Florida street	address	33765
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				

#### 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	uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MER	Benjamin Hamis	Address 11749 Crusselle Dr. Tacksquville FL 32223	Add
		Jacksonville Fe 32223	Remove
			Сhange
MGR	Michael Gangregolio	5200 West 107 Place #1	Z6 □ Add
	7 3 312	Szoo West 107 Place #1 Overland Park, KS 6621	// Remove
			□ Change
MGR	Robert Marrento	411 Geveland #1550 Clearwater FZ 3375	Add
		Clearwater FZ 3375	☐ Remove
			Change
			□ Add
			Remove
			Change
			□ Add
			SECRETARY OF THE DAN LONG PORTION OF THE PORTION OF
			D PHZS:
			PAND STATE PAND RATIONS Remove
			P CI

If amen	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
_		
Note: If documen	e date, if other than the date of filing:	d as the
	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie Oth day after the record is filed.	r of:
Dated		_
	Signature of a member or authorized representative of a member	SEC
	Signature of a member or authorized representative of a member  Tulet Mapteute  Typed or printed name of signee	ERTARY
	- / p	7 <u>9</u> 0
	Page 3 of 3	

Filing Fee: \$25.00