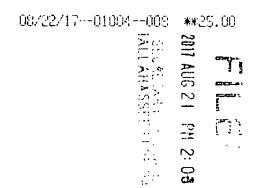
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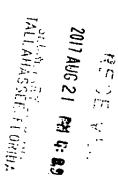
| (Requestor's Name)                      |
|---|
| (Address)                               |
| . (Address)                             |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
| (Document Number)                       |
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J. HARRIS

## **COVER LETTER**

| TO:           | Registration<br>Division of C |   |   |   |
|---------------|-------------------------------|---|---|---|
| cun ir        |                               | SUTRITIONS GROUP LLC                            |   |   |
| SUBJE         | .CI:                          | Name of Lim                                     | ited Liability Company  |   |
| The end       | closed Articles               | of Amendment and fee(s) are sub                 | mitted for filing.  |   |
| Please        | return all corres             | pondence concerning this matter                 | to the following:   |   |
|               |                               | NINOTCHKA HECHT                                 |   |   |
|               |                               |   | Name of Person  | <del></del>   |
|               |                               | JUST HIGH TECH CORP                             | 1   |   |
|               |                               |   | Firm/Company  |   |
|               |                               | 10544 NW 26TH ST. SUI                           | TE E-204  |   |
|               |                               |   | Address   | <del></del>   |
|               |                               | DORAL FL 33172                                  |   |   |
|               |                               |   | City/State and Zip Code   | <del></del>   |
|               |                               | asistentemiami@gmail.com                        |   |   |
|               |                               |   | to be used for future annual report notifi                          | cation)   |
| For fur       | ther information              | concerning this matter, please ca               | ali:  |   |
| NINOT         | ГСНКА НЕСН                    | Т   | 786 762-2048  |   |
|               | Name                          | e of Person                                     | at ()<br>Area Code Daytime  | Telephone Number  |
| Enclose       | ed is a check for             | the following amount:                           |   |   |
| <b>■</b> \$25 | 5.00 Filing Fee               | ☐ \$30.00 Filing Fee &<br>Certificate of Status | □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

| LIGHT NUTRITIONS GROUP LI   | LC                                 |   |                              |
|---|------------------------------------|---|------------------------------|
| (Name of the Limi   | ted Liability Co<br>(A Florida Lim | ompany as it now appears on our records ited Liability Company) | (ي                           |
| The Articles of Organization for this Limited L<br>Florida document number L16000080760                   |                                    | oany were filed on 04/25/2016                                   | and assigned                 |
| This amendment is submitted to amend the foll   | owing:                             |   |                              |
| A. If amending name, enter the new name o   | f the limited                      | liability company here:   |                              |
| N/A   |                                    |   |                              |
| he new name must be distinguishable and contain the v   | words "Limited                     | Liability Company," the designation "LLC"                       | or the abbreviation "L.L.C." |
| Enter new principal offices address, if applic  | cable:                             | N/A   |                              |
| <u>Principal office address MUST BE A STREE</u>   | ET ADDRES.                         | <u>s)</u>   |                              |
|   |                                    |   |                              |
| Enter new mailing address, if applicable:   |                                    | N/A   | 7 AUG 2                      |
| Mailing address MAY BE A POST OFFICE BOX)   |                                    |   |                              |
|   |                                    |   | <del></del>                  |
| <ol> <li>If amending the registered agent and<br/>egistered agent and/or the new registered or</li> </ol> |                                    |   | , enter the name of the r    |
| Name of New Registered Agent:   | N/A                                |   |                              |
| Name Business and Office Addition   |                                    |   |                              |
| New Registered Office Address:  |                                    | Enter Florida street address                                    |                              |
|   |                                    | , Flo   | rida                         |

#### 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.

City

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> | <u>Name</u>        | Address             | Type of Action     |
|--------------|--------------------|---------------------|--------------------|
| AMBR         | CUELLAR JAIME      | 2454 NW 94TH AVE    |                    |
|              |                    | DORAL FL 33172      | <b></b>            |
|              |                    |                     | Change             |
| AMBR         | MAHECA FRANCISCO D | 2454 NW 97TH AVE    |                    |
|              |                    | DORAL FL 33172      |                    |
|              |                    | <del></del>         | ☐ Change           |
| AMBR         | ROJAS JULIANA      | 9140 SW 227TH LN    |                    |
|              |                    | CUTLER BAY FL 33190 | _                  |
|              |                    |                     | ☐ Change           |
| AMBR         | PEREZ SILVANA E    | 9140 SW 227TH LN    | ■ Add              |
|              |                    | CUTLER BAY FL 33190 | Remove             |
|              |                    |                     | Change             |
|              |                    |                     | O,Add              |
|              |                    |                     | D.Remove C         |
|              |                    | <del></del>         | Add <sup>2</sup> ? |
|              |                    |                     | □ Remove           |
|              |                    |                     | Change             |

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|  | an the date of f  | iling:   |                         | (optional)     |                    |
| Effective date, if other th  |   | e and cannot be prior to da  |                         |                |                    |
| (If an effective date is listed, the Note: If the date inserted in document's effective date of the record specifies a d   | this block does reached the Department elayed effective                     | not meet the applicable of State's records.                                      | effective time, at      | : 12:01 a.m. c | n the earlier of:  |
| (If an effective date is listed, the Note: If the date inserted in document's effective date of the record specifies a d   | this block does reached the Department elayed effective                     | not meet the applicable of State's records.                                      | effective time, at      | : 12:01 a.m. c | n the earlier of:  |
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