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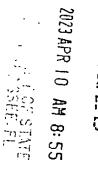
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5/26/23 VIII



COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Strategic Nutrition & Wellness, LLC 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:	
Swapna Fabbiano Name of Person	
Firm/Company	
19153 Long Lake Ranch Blud.	
LU+Z, FL 33558 City/State and Zip Code	
Tampa Family Photos @gmail. com E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
SWAPNA FABBIANO at (813) 830-8955 Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount: \$\sum_{25.00}\$ \text{Filing Fee} \sum_{30.00}\$ \text{Filing Fee & Gertificate of Status} \sum_{(additional copy is enclosed)} \sum_{(additional copy is enclosed)} \sum_{(additional copy is enclosed)} \sum_{(additional copy is enclosed)} \text{\$\sum_{60.00}\$ Filing Fee, Certificate of Status of Certificate of Status o	
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of Corporations	

P.O. Box 6327

Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Strategic Nutrition & Wellness (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

	City			Zip Coo	le
		Floric	da		
	Enter Florid	a street address	<u> </u>		
New Registered Office Address:					
Name of New Registered Agent:					
ent and/or the new registered office address here:	address on our ree	ords, enter the	шания	OCARC I	iew iczist
If amending the registered agent and/or registered office	address on our ros	arde antar the	-11 = 1	်ည် ထဲ	now mariet
			SEE.	A±	
failing address MAY BE A POST OFFICE BOX)					
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rincipal office address MUST BE A STREET ADDRESS)					<u></u>
iter new principal offices address, if applicable:					
	my company, the des	ignation E.E.C. Of	the abin	CVIATION	Lib.C.
SWAPNA FABBIANO PHOTO e new name must be distinguishable and contain the words "Limited Liab	29raphy	ignation at 1 (" or	r the abbr	aviation :	mii C"
If amending name, enter the new name of the limited liab		=			
is amendment is submitted to amend the following:					
	,				
ne Articles of Organization for this Limited Liability Company Orida document number <u>LIGØØ11ØØ</u> G4		11/20	700	and :	assigned
	, ,	. 1 / 1 1/			

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 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
	•		□ Add
			□Remove
			□ Change
			□Add
			□Remove
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	ng any other information, enter change(s) here: (Attach additional sheets, if necessary.)
<u></u>	
n effectiv <u>te:</u> If th	late, if other than the date of filing:
ecord spo	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ted	April 6. 2023.
	Signature of a member or authorized representative of a member
	Suppose Falabiana
	Swapna Fabbiano Typed or printed name of signee

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