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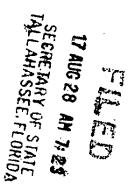
(Re	equestor's Name)	
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AUG 29 2017 J SHIVERS

COVER LETTER

Division of Corp	porations		
Bio-Enhanc SUBJECT:	ed Nutrition, LLC		
Subject.	Name of Limi	ted Liability Company	
The enclosed Articles of A	Amendment and fee(s) are subr	nitted for filing.	
Please return all correspon	ndence concerning this matter t	to the following:	
	Enid Aviles		
		Name of Person	
		Firm/Company	
	6333 NW 56 Drive		
		Address	
	Coral Springs, FL 33067		
		City/State and Zip Code	
	Address Coral Springs, FL 33067 City/State and Zip Code nicholsenid@gmail.com E-mail address: (to be used for future annual report notification) information concerning this matter, please call:		
	E-mail address: (1	o be used for future annual report notifica	ntion)
For further information co	oncerning this matter, please ca	II:	
Bob Thompson			
Name of	Person		elephone Number
		•	•
Enclosed is a check for th	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:

TO:

Registration Section

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

Bio-Enhanced Nutrition, 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 $\frac{07/13/2017}{}$ and assigned L17000150128 Florida document number This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Enid Nichols	6333 NW 56 Drive	□ Add
		Coral Springs, FL 33067	₽ Domovo
		·	☐ Change
MGR	Enid Aviles	6333 NW 56 Drive	■ Add
		Coral Springs, FL 33067	Remove
			Change
** ***********************************			□ Add
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(If an o	etive date, if other than the date of filing: (options) (flective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.	al) ng.) Pursuant to 605.0	0201
	If the date inserted in this block does not meet the applicable statutory filing requirements, this dament's effective date on the Department of State's records.	ite will not be listed	d as tl
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m	n, on the earlie	r of:
the n	e 90th day after the record is filed.		
the ro) Th Date	e 90th day after the record is filed.		
) Th	e 90th day after the record is filed.		

Page 3 of 3

Filing Fee: \$25.00