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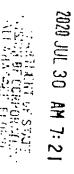
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COVER LETTER

| TO: Registration Se Division of Cor | | | |
|--|---|---|--|
| | NESS NUTRITION LLC | | |
| SUBJECT: | Name of Limi | ted Liability Company | - |
| The enclosed Articles of | Amendment and fee(s) are sub | nitted for filing. | |
| Please return all correspo | ndence concerning this matter | to the following: | |
| | MACDONALD CARRY | | |
| | | Name of Person | |
| | EST WELLNESS NUTR | NOITI | © Telephone Number © \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) ection reporations Fallahassee |
| | | Firm/Company | |
| | 941 E 33RD STREET | | |
| | | Address | |
| | HIALEAH, FL 33013 | | |
| | | City/State and Zip Code | |
| | estwellnessnutrition@gm | ail.com to be used for future annual report no | art autou) |
| For further information c | encerning this matter, please concerning | | uricanon) |
| MACDONALD CARRY | Y | 530 5663220 at () | |
| Name c | of Person | Area Code Dayti | me Telephone Number |
| Enclosed is a check for t | he following amount: | | |
| ■ \$25.00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | Certificate of Status & Certified Copy |
| Mailing Addre Registration | | Street Address: Registration S Division of C | |
| P.O. Box 63. | 27 | The Centre of | Tallahassee |
| Tallahassee, | FL 32314 | 2415 N. Mon | roe Street, Suite 810 |

Tallahassee, FL 32303

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

EST WELLNESS NUTRITION LLC

| (<u>Name of the Limited Liability Compa</u> (A Florida Limited I | ny as it now appears on our records.) Liability Company) | 30 |
|--|---|----------------------------|
| The Articles of Organization for this Limited Liability Company Florida document number L18000023773 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liab | | and assigned 7. |
| The new name must be distinguishable and contain the words "Limited Liabil | | the abbreviation "L.1.C." |
| Enter new principal offices address, if applicable: | 941 E 33RD STREET | |
| (Principal office address MUST BE A STREET ADDRESS) | HIALEAH, FL 33013 | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | 941 E 33RD STREET HIALEAH, FL 33013 | |
| B. If amending the registered agent and/or registered office agent and/or the new registered office address here: | address on our records, enter the | name of the new registered |
| Name of New Registered Agent: | | |
| • | | |
| New Registered Office Address: | Enter Florida street acklress | |
| | Florid | તા |
| | Cin | Zip 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 = Authorized Member

| <u>Title</u> | Name | Address | Type of Action |
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| ective date, if other than the effective date is listed, the date is listed in this unent's effective date on the | s block does not meet the a | applicable statuto | ng or more than 90 da ry filing requireme | (optional) ys after filing.) Pursuan nts, this date will not | t to 605,020 be listed a |
| cord specifies a delayed effects filed. | rtive date, but not an effec | tive time, at 12:0 | I a.m. on the earlie | r of: (b) The 90th d | ay after the |
| ed | 2020 | | | | |
| Mx | | | | | |
| | Signature of a member of | | | | |

Filing Fee: \$25.00