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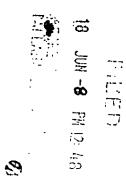
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COVER LETTER

	stration Sec ision of Corp			
orus incers	MAISON D	U JUS, LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	l Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspon	dence concerning this matter	to the following:	
		NICE KIM		
			Name of Person	
			Firm/Company	
		11019 ULLSWATER LN		
			Address	
		WINDERMERE, FL. 347	'86	
		TONYGUADALUPE@YA	City/State and Zip Code HOO.COM	
		E-mail address: (to be used for future annual report	notification)
For further is	nformation co	ncerning this matter, please co	ıll:	
WINSTON	WALTERS		407 616-850	
-	Name of	Person	Area Code Da	ytime Telephone Number
Enclosed is a	check for the	e following amount:		
■ \$25.00 P	iling 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:

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

MAISON DU JUS, LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	nny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L18000063558	were filed on MARCH 12, 2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
EQUILIBRE HEALTHY FOOD, LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1807 N ORANGE AVE	5 5
(Principal office address MUST BE A STREET ADDRESS)	ORLANDO, FL. 32804	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1807 N ORANGE AVE ORLANDO, FL. 32804	2 円 円 円 円 円 円 円 円 円 円 円 円 円 円 円 円 円 円 円
		<u></u>
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her Name of New Registered Agent: New Registered Office Address:		enter the name of the ne
	nnter r torida street address	
	, Flori	da Zip Code
	Cuy	zsp Coae

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>	Address	Type of Action
MGR	NICE KIM	1807 N ORANGE AVE	
		ORLANDO, FL. 32804	☐ Remove
·			Add
			☐ Remove
		<u> </u>	Change
			Add
			GD Remove
			Change
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effective date is listed, the d	late must be specific and o	cannot be prior to d			filing.) Purs		
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Filing Fee: \$25.00