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DIVISION OF CORPORATIONS

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COVER LETTER

TO:		tration Sect on of Corpo			
eun ie		latures Nut	raceuticals, LLC		
Name of Limited Liability Company					
			mendment and fee(s) are subsidence concerning this matter		
			Benjamin J Rossetti		
				Name of Person	
			Natures Nutraceuticals, I	LLC	
				Firm/Company	
			2101 Vista Parkway suit	te 258	
				Address	
			West Palm Beach FL 33	411	
				City/State and Zip Code	
			ben@naturesnutraceutica	als /.com to be used for future annual report noti	fication)
For furt	her infe	ormation cor	ncerning this matter, please ca	all;	
Benjan	nin J R	lossetti		772 267.2390 at ()	
		Name of f	Person	Area Code Daytim	e Telephone Number
Enclose	d is a c	heck for the	following amount:		
\$25	.00 Fil	ng 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

Natures Nutraceuticals, LLC		
(<u>Name of the Limited Liabil</u> (A Florid	lity Company as it now appears on our records.) da Limited Liability Company)	
The Articles of Organization for this Limited Liability (Florida document number L18000178086	Company were filed on 7/24/18	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Lir	mited Liability Company," the designation "LLC" or the	abbreviation "L.LC."
Enter new principal offices address, if applicable:		A. SEC
(Principal office address MUST BE A STREET ADD	RESS)	
		6 CO
		PH RP C
Enter new mailing address, if applicable:		RY OF STATE CORPORATIONS 6 PM 1: 32
(Mailing address MAY BE A POST OFFICE BOX)		3 ONS
B. If amending the registered agent and/or registered agent and/or the new registered office add	· ——	the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida _	
	City	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: Address Boynton Beach, FC Type of Action
10451 Boynton Beach, FC Type of Action
10451 Boynton Beach FL 33437 33437 MGR = Manager AMBR = Authorized Member **Title** Name Michael A Froio MGR ☐ Remove ☐ Remove ☐ Remove _□ Change □ Add _□ Change ☐ Remove Change ☐ Add ☐ Remove ☐ Change

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Effective date, if other than the	date of filing:	(optional)
If an effective date is listed, the date mu Note: If the date inserted in this b document's effective date on the I	ock does not meet the applicable statutory filing requi	i 90 days after filing.) Pursuant to 605.0207 ( rements, this date will not be listed as i
he record specifies a delaye The 90th day after the rec	l effective date, but not an effective time, a ord is filed.	at 12:01 a.m. on the earlier of:
Dated	2018	
Dated	A.0100	
	Man Houseld	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00