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S. PRATHER

COVER LETTER :

TO: Registration Section Division of Corporations
SUBJECT: Nutribio Solutions LC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filling.
Please return all correspondence concerning this matter to the following:
Annal. Baez.
Notribio Solutions, LLC
6958 Mill Run Circle
Address Address City/State and Zip Code OVER OF
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (239) 331-1658 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \text{S30.00 Filing Fee & Certificate of Status}\$\Bigcup \text{Certificate of Status}\$\Bigcup \text{Certified Copy (additional copy is enclosed)}}\$\Bigcup \text{S600.00 Filing Fee.}\$\Bigcup \text{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

ARTICLES	OF ORGANIZATION	
1 1	OF	نبئ
Nutribioolut	Company as it now appears on our reco	ords.)
(A Florida	Timited Trability Company)	1
The Articles of Organization for this Limited Liability C	ompany were filed on 07/25	$\frac{7}{2018}$ and assigned
Florida document number <u>L180001803</u>	38	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit Nutribios	- 11 -	
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the designation "I.	LC" or the abbreviation "L.L.C."
	. , ,	
Enter new principal offices address, if applicable:		
<u>(Principal office address MUST BE A STREET ADDR</u>	(ESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
	,	
B. If amending the registered agent and/or regist		rds, enter the name of the new
registered agent and/or the new registered office add	ress nere:	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street add	ren
		Florida
	Сну	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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			□ Remove
			Change
			☐ Remove
			□ Change
			□ Remove
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ective	e date, if other than the date of filing:
<u>te:</u> If	the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed
tumen	at's effective date on the Department of State's records.
гесо	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier
	Oth day after the record is filed.
	1.0051
ed _	H040SI 1 . Z010
	Signature of a member or authorized representative of a member
	Anna Lorena Balezi.
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00