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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: CBDiesel Nutrition, LLC Name of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Heidy H. WIIIIS Name of Person	
CBDICICI NUTITION, CCC Firm/Company	
2175 SW 195+n Ave.	
City/State and Zip Code	
heidyhwillis @ gynail - (orn E-mail address: (to be used formular report notification)	
For further information concerning this matter, please call:	···;
Heidy H. Willil at (780) 417 - 5729 Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
✓ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Certificate of Status Certified Copy (additional copy is enclosed) Certified Co (additional copy	f Status & py

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

CRDIESEL NU	tri-lion, LIC	
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our re liability Company)	cords.)
The Articles of Organization for this Limited Liability Company	were filed on 4 1 2	3119 and assigned
Florida document number <u>L19000 </u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
(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		
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	NIA	
		<u> </u>
		40 9
Enter new mailing address, if applicable:		>
(Mailing address MAY BE A POST OFFICE BOX)	NIA	> N
		ords, enter the name of the new
the new regimered office address here	•	
Name of New Registered Agent: Helic	dy H. WILLS	
New Registered Office Address:	MA	
	rmer r lorida street ad	aress
	NA.	Florida N N
	Ctů.	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>	<u>Name</u>	Address	Type of Action
MAR	Joshua A. Willis	2175 SW 195 Ave	
		Miramar, FL 33029	Remove
			Change
			🗆 Add
			□ Remove
			□ Change
			□ Remove
			Change
			Add
			Remove
			Change
			D Add
			□ Remove
			Change
			□ Remove
			[] Change

	
(If an ef Note:	tive date, if other than the date of filing:
the re	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
Dated	<u>August 5. 2019.</u>
	August 5. 2019. Laugust 5. 2019. Signature of a thember or authorized representative of a member
	Heidy H. Willis Typed or printed name of signee

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Filing Fee: \$25.00