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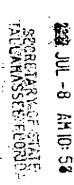
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COVER LETTER

то:	Registration Se Division of Cor			
SUBJEC		86FIVE HYDRATION AND V	VELLNESS LLC.	شاهشد. شاهشد.
SUBUL		Name of Lim	ited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	ondence concerning this matter	to the following:	
		MARIE DENISE JEUNE		
			Name of Person	
			Firm/Company	
		1636 AMARYLLIS COU	RT	
			Address	
		TRINITY, FL 34655		
		RISINGSTOCKS08@YAI		
For furth	er information c	E-mail address: (oncerning this matter, please c	to be used for future annual report no all:	iffication) .
	DENISE JEUN	-	954 445-4719 at ()	
	Name o	f Person	Area Code Daytii	ne Telephone Number
Enclosed	l is a check for th	ne following amount:		
☐ \$25.	00 Filing 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**

NU YOU 36FIVE HYDRATION AND WELLNESS LLC.

(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 w	vere filed on MAY 23, 2019	_ and assigned
Florida document number L19000138576		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	ity company here:	
5IVE STAR HYDRATION & WELLNESS LLC.		
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Muiling address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office	ce address on our records, enter th	e name of the new
registered agent and/or the new registered office address here:		
N 60 1 1		
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:

MGR = M $AMBR = A$	lanager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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משפע וריע	
<u>Note</u>	tive date, if other than the date of filing:
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Date	July 05 . 2019.
	Signature of amember or authorized representative of a member
	marie denise jeune V

. .