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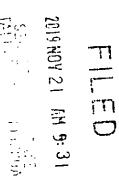
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COVER LETTER

	Registration Se Division of Cor						
SUBJEC	***	nutrition LLC					
SUBJEC	1;	Name of Limited Liability Company					
The ench	osed Articles of	Amendment and fee(s) are sub-	mitted for filing.				
Please re	turn all correspo	ondence concerning this matter	to the following:				
		su-nui escoba:					
			Name of Person				
			Firm Company				
		185 sw 7th st Apt 1707					
		Miami (1 33130	Address	· · · ·			
		sum escobar'a yahoo.com	City/State and Zip Code				
		·	to be used for future annual report notif	ication)			
For furth	er information c	oncerning this matter, please ca	all:				
su•nui e	scobar		786 897-5043				
	Name o	d'Person		e Felephone Number			
Enclosed	l is a check for th	he 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 raddmonal copy is enclosed)			
		ING ADDRESS:	STREET/COURF Registration Section				

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Great Life nutrition LLC

(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our Liability Company)	records.)
The Articles of Organization for this Limited Liability Company Florida document number $\frac{1.19000270958}{1.19000270958}$	were filed on 10 29 2019	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	oility company here:	
The new name must be distinguishable and contain the words "I imited I iab	Hity Company," the designation	n "I LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		2019 PO)
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her		ecords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street	t address
		, Florida
	Cav	Zip Code

New Registered Agent's Signature, if changing Registered Agent;

Thereby 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. Thereby 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>	<u>Address</u>	Type of Action
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an effec	tive date is listed, the di	ate must be specific:	and cannot be	prior to date of it	ling or more th	an 90 days after	onal) Hiling.) Pursuant to 605.0
	The date inserted in it's effective date on				ary ming ted	urrements, thi	s date will not be listed
	rd specifies a de Oth day after th			t not an effe	ctive time	, at 12:01 a	a.m. on the earlier
)ated	November	15	2019	9			
	1 - 0 - 10 -						
		Signature of	a member in	<u>Curhorized rep</u> re	sentative of a	member	.2
		•	-nui	Escoba			

Page 3 of 3

Filing Fee: \$25.00