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(Requestor's Name)	_
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PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	_
Certified Copies Certificates of Status	_
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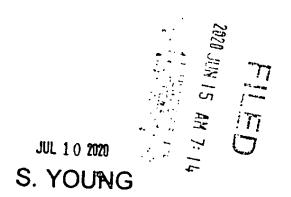


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COVER LETTER

		tration Section of Corp				
SUBJEC		NUTUREHI	ER, LLC			
SOBJEC	.li _		Name of Limi	ited Liability Company		.
The encl	osed A	Articles of A	mendment and fee(s) are sub-	mitted for filing.		
Please re	turn a	ll correspon	dence concerning this matter t	to the following:		
			Serena Daniels			
				Name of Person		
				Firm/Company		
			8815 Royal Enclave Blvd			
				Address		
			Tampa, FL 33626			
				City/State and Zip Code		
			popeserena25@gmail.co	o be used for future annual	Leanner antification	• • • • • • • • • • • • • • • • • • • •
For furth	er info	ormation cor	neerning this matter, please ca		rejon nouneanoi	'')
Leslie M	loye'				04-500-2109	
		Name of I	Person	at () Area Code	Daytime Telep	phone Number
Enclosed	l is a c	heck for the	following amount:			
□ \$25.0	00 Fil	ing Fee	☐ \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee Certified Copy (additional copy is en		☐ \$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 Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NUTUREHER, 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 were filed on APRIL 24, 2020 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: NURTUREHER, LLC The new name must be distinguishable and contain the words "Limited Liability 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

_. Florida _

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

Title	<u>Name</u>	Address	Type of Action
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Dated JUNE 10 2020	<u> Vote:</u> If the date in	nserted in this blocl	k does not mee	t the applicab	date of filing or le statutory fili	more than 90 da ng requiremen	(optional) ys after filing.) b nts, this date w	Pursuant to 605.02 ill not be listed
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Signature of a member or authorized representative of a member	HINE 10	10-79-		<u>!020</u>	. •			
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Filing Fee: \$25.00