L20000228431

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
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CHDIE		Products International, LL		
SUBJEC	-li	Name of Lim	ited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all correspo	ondence concerning this matter	to the following:	
		Spencer Witt		
			Name of Person	
		YorkHowell		
			Firm/Company	
		10610 South Jordan Gatew	ray, Suite 200	
			Address	
-		South Jordan, UT 84095		
		-	City/State and Zip Code	
		spencer@yorkhowell.com		
			to be used for future annual report notifica	ition)
For furth	er information of	concerning this matter, please ca	all:	
Spencer	Witt		801 527-1040 at ()	
	Name o	of Person	Area Code Daytime T	elephone Number
Enclosed	is a check for the	he following amount:		
\$25. 0	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 Addres Registration S Division of C P.O. Box 632 Tallahassee, I	Section Corporations 27	Street Address: Registration Section Division of Corporation The Centre of Tall 2415 N. Monroe Stallahassee, FL 32	rations A C C C C C C C C C C C C C C C C C C

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Sterilizing Products International, 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 07/30/2020 _ and assigned Florida document number _____L20000228431 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Optima Wellness Rx 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 , Florida _

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 = Aut	iorized Member	
<u>Title</u>	Name	Address

<u>Title</u>	Name	<u>Address</u>	Type of Action
MGR	Nicholas Marin	6022 Denham Lane	
		Sarasota, FL 34231	□Remove
			■ Change
MGR	Kasey Marin	6022 Denham Lane	■Add
		Sarasota, FL 34231	□Remove
			Change
			□Add
			□Remove
			□Add
			Remove

			□ Remove
			
			☐ Remove
			SECONDE TO TALL A
			DCT -

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D. If ame	nding any other information, ent	er change(s) here: (Attach additional	sheets, if necessary.)	
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Note:	ive date, if other than the date of a ective date is listed, the date must be specifi If the date inserted in this block does ent's effective date on the Department	c and cannot be prior to date of filing or more the not meet the applicable statutory filing rec	(optional) nan 90 days after filing.) Pursuant to 6 quirements, this date will not be li	05.0207 (3)(b) sted as the
f the record ecord is file		t not an effective time, at 12:01 a.m. on th	ne earlier of: (b) The 90th day af	ter the
Dated_	26 of September	2024		
	<u> </u>	in Mu-	<u>().</u> S	26
	Signature Nicholas Marin	of a member or authorized representative of a	member AC	24 OC
		Typed or printed name of signee	SWINA SWINA	2024 OCT -4 PH 4: 3
			Y OF S \SSEE,	PH
		Filing Fee: \$25.00	PA PA	- !.