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(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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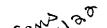
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COVER LETTER

TO:	Registration S Division of Co			
SUBJE		he Connection Limited Liability	Company	
SOBIE	C1.	Name of Lim	ited Liability Company	
The enc	losed Articles of	f Amendment and fee(s) are sub	mitted for filing.	
Please ro	eturn all corresp	ondence concerning this matter	to the following:	
		Stephanie Woods		
			Name of Person	
		Aligning the Connection L	imited Liability Company	
		*	Firm/Company	
		728 West Avenue Unit 204	32	
			Address	
		Cocoa, Florida 32927		
			City/State and Zip Code	···
		swoodsrdn@gmail.com		
			to be used for future annual report notif	ication)
For furth	ner information	concerning this matter, please or	all:	
Stephan	ie Woods		321 720-3601 at ()	
_	Name	of Person	Area Code Daytime	: Telephone Number
Enclose	d is a check for t	the 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 Addre		Street Address: Registration Sec	ction

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

TO:

Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Aligning the Connection Limited Liability Company (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 12/11/2020 Florida document number L20000387388 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: S W Nutrition Limited Liability Company 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) Stephanie Woods Enter new mailing address, if applicable: 5240 Cangro Street (Mailing address MAY BE A POST OFFICE BOX) Cocoa, Florida 32926 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.

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
			□Add
			□Remove
			□Add
			□ Remove
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ffective date, if other than the date	of filing:		(options	al)
an effective date is listed, the date must be sp	ecific and cannot be prio		ore than 90 days after fili	ing.) Pursuant to 605.0207
lote: If the date inserted in this block document's effective date on the Depart			ig requirements, this di	ate will not be listed as
record specifies a delayed effective date	, but not an effective	ime, at 12:01 a.m.	on the earlier of: (b)	The 90th day after the
d is filed.				
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Filing Fee: \$25.00