L20000392089

Office Use Only



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COVER LETTER

Tallahassee, FL 32314

	Registration S Division of Co				
eun ice		LICUS LLC			
SUBJEC	.I:	Name of Lim	ited Liability Company		
The encle	osed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please re	turn all correspo	ondence concerning this matter	to the following:		
		GERMAN LEGUIA			
			Name of Person		
		METABOLICUS LLC			
		<u> </u>	Firm/Company		
		20200 W DIXIE HWY, S	UITE 902		
Address					
	AVENTURA, FL 33180				
			City/State and Zip Code		
		german@elevanutrition.com			
			to be used for future annual report not	ification)	
For furth	er information of	concerning this matter, please c	all:		
GERMA	N LEGUIA		346 4027928		
	Name (of Person		ne Telephone Number	
Enclosed	is a check for t	the 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 Addre		Street Address:	ection	
Registration Section Division of Corporations		Registration Section Division of Corporations			
P.O. Box 6327			The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

METABOLICUS 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 December 15, 2020 and assigned Florida document number L20000392089

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC".

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:

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

Name of New Registered Agent:

New Registered Office Address:

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

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Yvette Mellet de Leguia	20200 W Dixie Hwy Ste.902, Aventura FL 33180	□Add
			= Remove
			□Change
			🗆 Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□ Change
			□Add
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			□Change
			□Add
			□Remove
			□Change

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ote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as occument's effective date on the Department of State's records. record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the list filed. ated October 30 Signature of a member or authorized representative of a member			
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	October 30	2024	-
		Signature of a member or authorized reproductive of a mem	ber

Filing Fee: \$25.00