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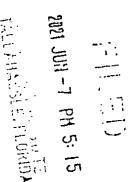
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COVER LETTER

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

	ON LOUNGE OCALA LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	`Amendment and fee(s) are sub	mitted for filing.		
Please return all correspondence	ondence concerning this matter	to the following:		
	Denise Pierre			
		Name of Person		
	123 Notary LLC			
		Firm/Company		
	505 Palm Lane			
		Address		
	Ocala F1, 34472			
		City/State and Zip Code		
	info@123notaryllc.com			
		•	tilication)	
For further information (concerning this matter, please c	all:		
Kennia Destima	Name of Limited Liability Company osed Articles of Amendment and fee(s) are submitted for filing. turn all correspondence concerning this matter to the following: Denise Pierre			
Name o	of Person	Area Code Daytii	me Telephone Number	
Enclosed is a check for t	he following amount:			
□ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy	
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2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NUTRITION LOUNGE OCALA 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 $\frac{05/21/2021}{1}$ and assigned Florida document number $\frac{1.21000238991}{}$ 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 registere 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

If Changing Registered Agent, Signature of New Registered Agent

___, 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	Anthony Destima	505 Palm Lane	≣ Add
		Ocala FL 34472	□Remove
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fective date, if other than the date of filing: n effective date is listed, the date must be specific and cannot	ot be prior to	date of filing	or more than 90	(optic) davs after	nal) filing.) P	ursuant te	605.0207
te: If the date inserted in this block does not meet the	ie applicabl	le statutory	Iling requirer	nents, this	date w	ill not be	listed as
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ecord specifies a delayed effective date, but not an ef	factiva time	s at 12:01 a	m on the ear	lier of th	. The C	Oth day	after the
is filed.	icetive time	., at 12,01 a	in, on the car	ner or. (1)	, 1110	our day	aner me
Tuesday, June 1 202	<u></u>	. •					
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Typed or printed name of signee