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T. MATTHEWS

DEC 27 2021

COVER LETTER

Division of Corporations GRACEFUL NUTRITION, LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: LAURA BAKER Name of Person GRAHAM INCOME TAX SERVICE, INC. Firm Company 120 N 4TH AVE Address WAUCHULA, FL 33873 City/State and Zip Code laura@gits.biz E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: LAURA BAKER Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ■ \$25,00 Filing Fee □ \$55.00 Filing Fee & □ \$60.00 Filing Fee. Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed) Mailing Address: Street Address: Registration Section Registration Section Division of Corporations

P.O. Box 6327

TO:

Registration Section

Tallahassee, FL 32314

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

GRACEFUL NUTRITION, LLC

21 DEC 15 124 10: 11

(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 $\frac{.09/21/2021}{...}$ ___ and assigned Florida document number $\frac{1.21000417347}{1.000417347}$ 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: STACY CREWS Name of New Registered Agent: 29 5th STREET NW New Registered Office Address: Enter Florida street address _____, Florida 33881 Zip Code WINTER HAVE

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 Reclistered 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
MGR	STACY CREWS	29 5th STREET NW	
		WINTER HAVE, FL 33881	□ Remove
			□Change
			🗀 Add
			□ Remove
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		-	□Add
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