**Division of Corporations** Electronic Filing Cover Sheet

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To:		NOV 30
	Division of Corporations Fax Number : (850)617-6383	
From:	Account Name : C T CORPORATION SYSTEM Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845	AM IO: 1
*Enter tl annu	ne email address for this business entity to be used for future al report mailings. Enter only one email address please.**	
Emai	l Address:	

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Electronic Filing Menu

Corporate Filing Menu

Help

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Vitamin Brothers Holdings LLC					
(Name of the Limited Lightlity Compan (A Florida Limited L	y as it now appears on our reco ability Company)	nls.) 30 and assigned.			
The Articles of Organization for this Limited Liability Company	were filed on 11/15/2021	and assigned			
Florida document number 1.21000485800		Ø,			
This amendment is submitted to amend the following:		ت			
A. If amending name, enter the new name of the limited liable	lity company here:				
RBR Florida LLC					
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "U	.C" 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)		<u>.</u> .			
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>ent</u> e	er the name of the new registered			
Name of New Registered Agent:					
New Registered Office Address:	Enter Florida street addi	ru -			
	, F)orida				
	City	Florida			
New Registered Agent's Signature, if changing Registered Agent:					
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office of company has been notified in writing of this change.	performance of my duties, rovided for in Chapter 60:	and I am familiar with and 5, F.S. Or, if this document is			

If Changing Registered Agent, Signature of New Registered Agent

From: Kaity Toon

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

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To: +18506176383 · ·

Title	Name	Address	Type of Action
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			Remove
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			<u></u> Add
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To: +18506176383

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From: Kaity Toon

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