L21000516193

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T. MATTHEWS FEB 25 2022

COVER LETTER

TO:	Registration Se Division of Cor		•				
SUBJEC	Bald Eagle Supplements & Tonics LLC						
		Name of Limited Liability Company					
The encl	Division of Corporations Bald Eagle Supplements & Tonics LLC UBJECT:						
Please re	eturn all correspo	ndence concerning this matter	to the following:				
		Abrahan Soto					
			Name of Person				
		Bald Eagle Supplements &	: Tonics LLC				
			Firm/Company	····			
	820B Edson Ave						
			Address				
		Jacksonville, FL. 32227					
		baldeaglenutrition@gmail.c	City/State and Zip Code	Name of Person nies LLC Firm/Company Address ity/State and Zip Code used for future annual report notification) 808 347-5891 at (
		E-mail address: (to be used for future annual report notifi	eation			
For furth	er information c	oncerning this matter, please c	all:				
Abrahan	Soto						
	Name o	f Person	Area Code Daytime	Telephone Number			
Enclosed	l is a check for th	ne following amount:					
■ \$2 5.	00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy			
	Mailing Addres Registration S		Street Address: Registration Sec	tion			

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

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

22 FEE 13 Pil 1:56

Bald Eagle Supplements & Tonics LLC		
(<u>Name of the Limited Liab</u> (A Flori	ility Company as it now appears on our da Limited Liability Company)	records.)
The Articles of Organization for this Limited Liability lorida document number L21000516193	Company were filed on 12.07 202	and assigned
his amendment is submitted to amend the following:		
a. If amending name, enter the new name of the lin	nited liability company here:	
he new name must be distinguishable and contain the words "Li	mited Liability Company," the designation	on "LLC" or the abbreviation "L.L.C"
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADD	ORESS)	
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
-		
3. If amending the registered agent and/or register	ed office address on our records,	enter the name of the new registe
gent and/or the new registered office address here		
N ON B		
Name of New Registered Agent:		•• • • • • • • • • • • • • • • • • • • •
New Registered Office Address:		******
	Enter Florida stree.	address
	· · · · · · · · · · · · · · · · · · ·	, Florida
	City	Zip Code

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, it 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
MGR	Abrahan Soto	820B Edson Ave Jacksonville, FL, 32227	■Add
			□Remove
			□Change
MGR	Marlyn Soto	820B Edson Ave Jacksonville, FL. 32227	
			■Remove
			□Change
MGR	Janiel A. Soto-Cabassa	820B Edson Ave Jacksonville, FL, 32227	□Add
			■Remove
			□ Change
MGR	Ariana C. Soto	820B Edson Ave Jacksonville, FL, 32227	□Add
		-	■Remove
			□Change
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Effective date, if other than the	date of filing: 0	01/01/2022		(or	otional)	
Effective date, if other than the fan effective date is listed, the date must Note: If the date inserted in this blo	be specific and can	not be prior to da	te of filing or mo	ore than 90 days a	fler filing.) Pursuar	u to 605,020
document's effective date on the De	partment of State	s records.	sidudory trimg	g requirements.	inis date war not	or iisted a
	date, but not an	effective time,	at 12:01 a.m. c	on the earlier of.	(b) The 90th d	ay after the
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Dated	Abrasignature of a mem	lin	Sato			

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