L22000231587

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Dubling Charly Harris) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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COVER LETTER

Registration Section
Division of Corporations

TO:

| Jennifer M SUBJECT: | cDow Nutrition, LLC | | |
|--|--|---|---|
| SUBJECT. | Name of Lim | ited Liability Company | |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please return all correspo | ondence concerning this matter | to the following: | |
| | Jennifer McDow | | |
| | | Name of Person | |
| | Jennifer McDow Nutrition | , LLC | |
| | | Firm/Company | |
| | 1202 Kells Court | | |
| | 1. | Address | |
| | Lakeland, FL 33813 | | |
| | _ | City/State and Zip Code | |
| | jennmcdow@gmail.com | | |
| | E-mail address: (| to be used for future annual report notif | lication) |
| For further information c | oncerning this matter, please c | all: | |
| Jennifer McDow | | 352 665-6639 | |
| Name o | f Person | | e Telephone Number |
| Enclosed is a check for the | ne following amount: | | |
| ■ \$25.00 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 Address Registration S Division of C P.O. Box 632 Tallahassee, I | Section Corporations 17 | Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monroe Tallahassee, FL | porations allahassee e Street, Suite 810 |

ARTICLES OF AMENDMENT TO WARTICLES OF ORGANIZATION OF

| Jennifer McDow Nutrition, 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 May 11, 2022 | an | d assig | ned |
| Florida document number L22000221587 | | | |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the limited liability company here: | | | |
| Nourished Life Functional Nutrition, LLC | | | |
| The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the | e abbreviati | on "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) | | | |
| | | _ | |
| | | | |
| B. If amending the registered agent and/or registered office address on our records, enter the n | name of th | <u>ie new</u> | registere |
| agent and/or the new registered office address here: | 11. | | _ |
| | | | |
| Name of New Registered Agent: | | <u>~</u> | |
| | - • | _ | - ' |
| New Registered Office Address: | . | <u></u> | |
| Enter Florida street address | -: 3 | ب | |
| , Florida | ــــــــــــــــــــــــــــــــــــــ | CT CT | |
| Circ | Zip | Cixle | |

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 approvisions 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 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 |
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| effective date is listed, t | than the date of fil the date must be specified in this block does no e on the Department of | and cannot be prior to at meet the applicab | date of filing or more tha | (optional) n 90 days after filing.) Pur irements, this date will | rsuant to 605.01 I not be listed |
| record specifies a he 90th day afte | a delayed effective r the record is file | e date, but not a ed. | an effective time, | at 12:01 a.m. on | the earlier |
| May 24 | | 2023 | . • | | |
| | 1)))) | | | annhur. | |
| (| Signature 76 | a member or authori | zed representative or a n | temper | |

Page 3 of 3

Filing Fee: \$25.00