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## **COVER LETTER**

TO:	Registration Section Division of Corpo			•
SUBJE	ect: Char	rron Nutr	ition Products 1	LLC
The en	closed Articles of Ar	nendment and fee(s) are sub	mitted for filing.	
Please	return all correspond	lence concerning this matter	to the following:	
		Alice	E. Charron	· · · · · · · · · · · · · · · · · · ·
			ron Nutrition	
		2620 Hi	Ckory Ridge	Road & B
			SSER FL 323 City/State and Zip Code	308
		e-mail address: (	to be used for further annual report notification	Com S
For fur	ther information con	cerning this matter, please co	all:	
	Name of P	<u>harron</u>	at (855) SS6 - Area Code Daytime Tele	ephone Number
Enclos	ed is a check for the	following amount:		
<b>X</b> \$2	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address: Registration Se Division of Cor P.O. Box 6327		Street Address: Registration Section Division of Corpora The Centre of Talla	ations
	Tallahassee, FI	. 32314	2415 N. Monroe St	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Charron Nutrition Products LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

Liability Company	)	recorus.)	
were filed on _	11- <	04-22	and assigned
ility company	<u>here</u> :		
lity Company," the	designatio	n "LLC" or the al	obreviation "L.L.C."
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address on our	recoras,	enter the nan	ie of the new registered
	·		
Enter Florida street address			
		, Florida	Zip Code
City			Zip Code
<u>:</u>			
	were filed on	Address on our records,  Enter Florida street  City  Tree to act in this capacity	were filed on

thereby 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 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>	Name	Address	Type of Action
Nanager	Joseph A. Chari	ron 4615 Sparrowhawk Ct. Tallahassee, FL 32309	Add
		Tallahassee, FL 32309	□Remove
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an effective da	e, if other than t	nust be specific :	and cannot be pri	or to date of filing	or more than 90 d	(optional	g.) Pursua	nt to 605.02
ote: If the d ocument's ef	ate inserted in this Tective date on the	: Department o	of State's record	licable statutory ds.	filing requireme	nts, this dat	e will no	t be listed a
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is filed.	lies a delayed effec	ctive date, but t	not an effective	time, at 12:01	a.m. on the earlie	r of: (b)	he yoth o	day after th
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Filing Fee: \$25.00