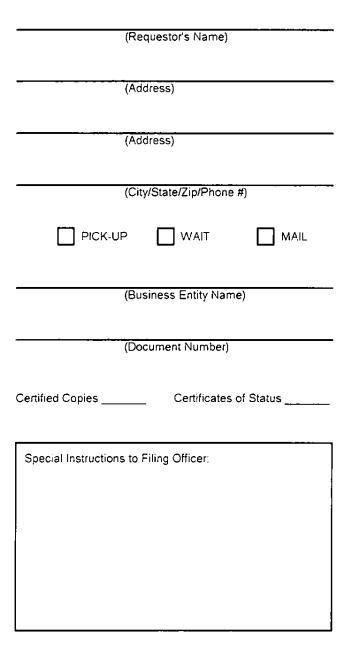
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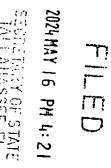


Office Use Only



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## **COVER LETTER**

TO: Registration Section Division of Corporations
Suprement Bracelets 1.16
SUBJECT: Journey Bracelets, LLC 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:
And com looper
And rew Conser Name of Person
Journey Pracelets, LCC Firm/Company
Firm/Company
250 NE 27th (t. Boca Rata, FZ 35431
Address
City/State and Zip Code
AJ. COOP. R. Q gmail - Coin  E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Andrew Cooper at (407) 902 -8716 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: 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

Journey Pracelets, LLC					
Journey Gracelets, LLC (Name of the Limited Liability Compa- (A Florida Limited I	ny as it now appe Liability Company	ars on ou )	r records.)	-	
The Articles of Organization for this Limited Liability Company were filed on					
Florida document number					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liabi	ility company l	here:			
Nightly Nutrition, LLC					
Nightly Nutrition, LLC The new name must be distinguishable and contain the words "Limited Liabil					
Enter new principal offices address, if applicable:	N/A C	Same	add rus Jig	2024	
Principal office address MUST BE A STREET ADDRESS)				<u>=</u> 7	
			<u> 옥</u> 표	5	
Enter new mailing address, if applicable:	N/A (	Same	ALLAHASSEE FL	PH D	
Mailing address MAY BE A POST OFFICE BOX)			<u> </u>	<u></u>	
3. If amending the registered agent and/or registered office a gent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:	(Some age	ent)		of the new regis	
	Enter Fl	orida stre	et address		
	City		Florida	Zin Coda	
	UNV			zio Coae	

## 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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

Tellio. Car il otti otti il ottoritti.	
	NIA
MGR = Manager	10//
AMBR = Authorized Member	

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□Remove
			□Change
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			\_Remove
			□Change
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Note: If	the date inserted	han the date of fi e date must be specific in this block does n on the Department	not meet the appli	cable statutory fil	op more than 90 days a ing requirements.	otional) fter filing.) Pursuant to 6 this date will not be li	05.0207 (1 sted as th
e record s rd is filed		l effective date. but	, not an effective	time, at 12:01 a.m	. on the earlier of:	(b) The 90th day af	ter the
Dated	May	g th  All-Ca		<u>H</u> .			
		All Constitute of Signature of	of a member or auti	horized representati	re of a member		
		Andreu	s 600p.	ect			