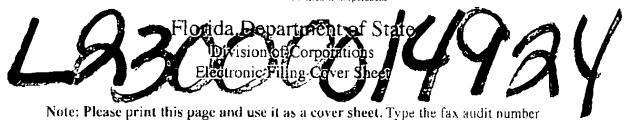
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Division of Corporations



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(shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : USA GESTIONES, LLC

Account Number : I20230000015 Phone : (305)965-6948 Fax Number : (305)508-6375

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

Email Address:\_\_\_

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

# **NUTRITION MIND LLC**

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T. LEMIEUX JUL 14 2023

### From, Luis Poyeto Molina

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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| NUTRITION MIND LLC   |   |  |                           |
|--|---|--|---------------------------|
| Name of the Lim  | ited Liability Comp<br>(A Fiorida Finited | no as it now appears on our records.)    | <del></del>               |
| The Articles of Organization for this Limited I<br>Florida document number L23000014924  | Liability Company                         | were filed on 01/06/2023                 | and assigned              |
| This amendment is submitted to amend the fol   | lowing:                                   |  |                           |
| A. If amending name, enter the new name of   | of the limited liab                       | oility company here:                     |                           |
| The new name must be distinguishable and contain the   | words "Limited Liabi                      | ility Company," the designation "LI,C" o | the abbreviation "L.L.C." |
| The Articles of Organization for this Limited Liability Compant Florida document number L23000014924  This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited lia the new name must be distinguishable and contain the words "Limited Liability Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)  Enter new mailing address, if applicable:  (Alailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office agent und/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  990 Biscayne   | 990 Biscayne Blvd.                        |  |                           |
|  | Ste. 501-16                               |  |                           |
|  | <del></del>                               | Mlami, FL 33132                          |                           |
| Florida document number L23000014924  This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited liability company here:  The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC".  Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)  Enter new mailing address, if applicable:  (Maniling address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office address on our records, enter the name of the new regent und/or the new registered office address here:  Name of New Registered Agent:  USA Gestiones, LLC | A-14-11-11-11-11-11-11-11-11-11-11-11-11- |  |                           |
|  | BOX)                                      |  |                           |
|  |   | Miami, FL 33132                          | A-7-11                    |
|  | • .                                       | address on our records, <u>enter th</u>  | 4                         |
| Name of New Registered Agent:  | USA Gestione                              | es, LLC                                  | . <del>u</del>            |
| New Registered Office Address:   | 990 Biscayne                              | Blvd. Ste. 501-16                        | <u>~</u>                  |
|  |   | inter Florida street adáress             |                           |
|  | Miami<br>—————                            | , Floric                                 | da 33132 - J              |
|  |   | Sign                                     | zsyz i zina               |

#### 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 Changing Registered Agent. Signature of New Registered Agent

• Page 3 of 4

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2023-07-12 21:07:23 GMT

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From: Luis Poyato Molina

# 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 H23000244893 3

| Title         | <u>Name</u>   | Address  | Type of Action |
|---------------|---------------|--|----------------|
| MGR           | DANIELA GOMEZ | 990 BISCAYNE BLVD.   | □Add           |
|               |               | MIAMI. FL 33132  |                |
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| rd is filed.   | 2023   | representative of a member  |     |