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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : KCO SERVICES, LLC

Account Number : I20200000018 Phone : (954)744-6605 Fax Number : (833)648-2730

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

Berni120394@gmail.com Email Address:__

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN JH NUTRITION LLC

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K. SALY

ULI 27 2023

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**



JH NUTRITION LLC

(A Fiorida Limi	ted Liability Company)	on our records.		
The Articles of Organization for this Limited Liability Comp Florida document number 1.23000030636	any were filed on 01/2	23/2023 and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited l	iability company her	<u>e</u> :		
The new name must be distinguishable and contain the words "Limited L	tability Company," the des	signation "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	5225 NW 85TH	AVE, APT 1003		
(Principal office address MUST BE A STREET ADDRESS	MIAMI, FL 3316	56		
Enter new mailing address, if applicable:	5225 NW 85TH	AVE, APT 1003		
(Mailing address MAY BE A POST OFFICE BOX)	MIAMI, FL 3316	МІ АМІ, FL 33166		
B. If amending the registered agent and/or registered offi agent and/or the new registered office address here: Name of New Registered Agent: KCO SERV		cords, <u>enter the name of the new regist</u>		
2000 2000	3655 NW 115th AVE			
New Registered Office Address: 3655 NW 1	<u> </u>	la street address		
DORAL		Florida <u>33178</u>		
	Cia	Zip Code		

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

10-26-2023 14:15 8336482730 4/5

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	Marieta D Alzate Vargas	2150 N BAYSHORE DR APT 1808		_ □Add	
		MIAMI, FL 33137		_ ■Remove	
				_ 🗆 Change	
MGR	Jose Bernardo Herrera Alzate	5225 NW 85TH AVE, APT 1003		_ □Add	
		Miami, FL 33166		_ □Remove	
				_ ≡ Change	
MGR	Yuly Andrea Gamboa Osorio	5225 NW 85TH AVE, APT 1003		_ ≡ Add	
		MIAMI. FL 33166		_ □Remove	
				_ 🗆 Change	
			<u>ئ</u> د <u>.</u> م سا	_ □Ądd	
			EHASSI I	_□Remove —	_
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				_ □ Aðd	
				_ □Remove	
				_ 🗆 Change	
				_ 🗆 Add	
				_ 🗆 Remove	
				□Change	

5. If amending any other into matter	n, enter change(s) here: (Attach addition	
		<i>}</i> . ∵
•		
		7 - C - C - C - C - C - C - C - C - C -
		
		
E. Effective date, if other than the date (If an effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Depart	does not meet the applicable statutory filing	(optional) fore than 90 days after filing) Pursuant to 605 0207 (3)(i) requirements, this date will not be listed as the
f the record specifies a delayed effective da ecord is filed.	ate, but not an effective time, at 12:01 a.m. o.	n the earlier of: (b) The 90th day after the
Dated OCTOBER, 26TH	2023	
	Janson	
S:g	nature of a member or authorized representative of	of a member
JOS	SE BERNARDO HERRERA ALZATE	
	Typed or printed name of signee	_

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