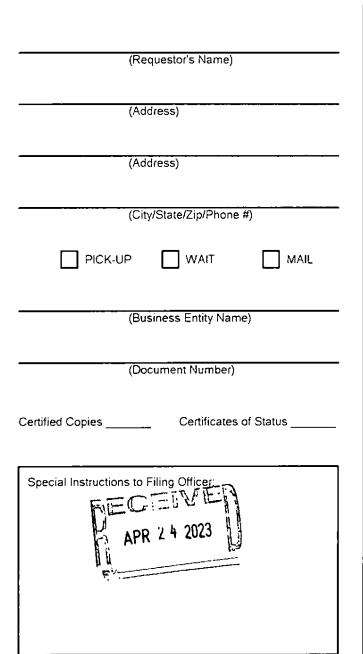
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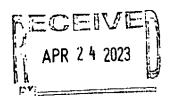


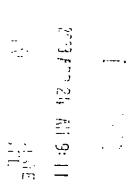
Office Use Only



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COVER LETTER

TO: Registration S Division of Co			
	LOW, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	LILIA ALVAREZ		
	·	Name of Person	
	NUTRIGLOW, LLC		
		Firm/Company	
	251-174 ST APT 208		797
		Address	903 KC2 24
	SUNNY ISLES, FL 3316	0	24
		City/State and Zip Code	
	IVETTE@IRPSERVICES.	NET to be used for future annual report notification)	9:
For further information	concerning this matter, please c	·	, ui —
IVETTE RUIZ		305 232 2970	
Name	of Person	at () Area Code Daytime Telephone	e Number
Enclosed is a check for	the following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addn Registration Division of P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address: Registration Section Division of Corporations The Centre of Tallahasse 2415 N. Monroe Street, Tallahassee, FL 32303	ee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ars on our records.)
3/10/2023 and assigned
nere:
designation "LLC" or the abbreviation "L.L.C."
- 29

records, enter the name of the new registe
orida street address
, Florida

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.

City

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>	<u>Address</u>	Type of Action
MGR	MARIA C MOLINA	251-174 ST APT 208 SUNNY ISLES, FL 33160	■Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			_ BAdd
			ÜRemove
		<u></u>	□Ghange
		T I	□ Add
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			□ Change
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			□ Change

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