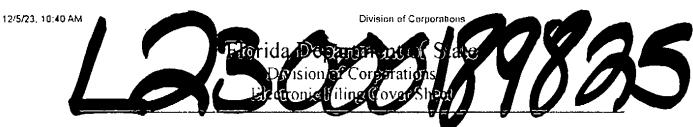
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Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000415038 3)))



H230004150383ABC-

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : I20010000062 Phone : (323)962-8600 Fax Number : (323)389-0502

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

| mail Address: | |
|---------------|--|
| | |

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **NUTRIGENIUS LLC**

| Certificate of Status | 0 |
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Registration Section

To:

TO:

COVER LETTER

| Dlv | ision of Cor | porations | | |
|--------------------------|--------------|---|--|---|
| CUD IFAT. | NUTRIGE | ENTUS LLC | | |
| SUBJECT: | | Name of Lim | ited Liability Company | |
| The enclosed | Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please return | all correspo | andence concerning this matter | to the following: | |
| | | Cheyenne Moseley | | |
| | | <u></u> | Name of Person | |
| | | Legalzoom.com, Inc. | | |
| | | | Firm/Company | |
| | | 101 N Brand Blvd 11th Fl | | |
| | | | Address | |
| | | Glendale, CA 91203 | | |
| | | | City/State and Zip Code | |
| | | abredemeier@yahoo.com | | |
| Caa Guebaa la | ·6 | | to be used for future annual report notifi | œtion) |
| FOI TUTURET II | nontation o | oncerning this matter, please ca | 311. | |
| Cheyenne M | loseley | | 800 773-0888 at () | |
| | Name o | f Person | Area Code Daytime | Telephone Number |
| Enclosed is a | check for th | ne following amount: | | |
| ∰ \$25.00 F | iling Fee | □ \$30.00 Filing Fee & Certificate of Status | \$55.00 Filling Fee & Certified Copy (additional copy is enclosed) | \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is anclosed) |
| | | ING ADDRESS: ation Section | STREET/COURIE Registration Section | 1 |
| Division of Compositions | | a of Comorations | Division of Comore | tions |

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

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Ft. 32301

NUTRIGENIUS LLC

Τo.

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| (Name of the Limited Li (A.F. | lability Company as it now appears or forlds Limited Liability Company) | our records.) |
|--|---|---|
| The Articles of Organization for this Limited Liabili Florida document number 123000189825 | ity Company were filed on 04/17, | 2023 and assigned |
| This amendment is submitted to amend the followin | ng: | |
| A. If amending name, enter the new name of the | limited liability company here: | |
| Mobile drip LLC | | |
| The new name must be distinguishable and contain the words | "Limited Liability Company," the design | nation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable | <u></u> | |
| (Principal office address MUST BE A STREET A | DDRESS) | , , , , , , , , , , , , , , , , , , , |
| | | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO) B. If amending the registered agent and/or registered agent and/or the new registered office Name of New Registered Agent: New Registered Office Address: | registered office address on ou | |
| | , Florida | |
| _ | Спу | Zip Code |
| New Registered Agent's Signature, if changing Regis | stered Agent: | ÷., |
| I hereby accept the appointment as registered ag provisions of all statutes relative to the proper ar accept the obligations of my position as registere being filed to merely reflect a change in the regis company has been notified in writing of this char | nd complete performance of my ed agent as provided for in Cha stered office address, I hereby c | duties, and I am familiar with and pter 605, F.S. Or, if this document is |

If Changing Registered Agent, Signature of New Registered Agent

To: . Page: 30 of 51

2023-12-05 15:50:52 PST

13236068205

From: Rajiv Srivastava

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 |

| Title | Name | Address | Type of Action |
|-------------|-------------|----------------|----------------|
| | | | |
| | | | □ Rеппоче |
| | | | ☐ Change |
| | | | Add |
| | | | □ Remove |
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| | | | Add |
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To:

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