

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet
L23000237329

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : ATESIANO TAX SERVICES
Account Number : 120190000125
Phone : (305)928-1137
Fax Number : (786)349-4952

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

Email Address: mparran@gmail.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
ESSENTIAL NOURISH CO LLC

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
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STATE OF FLORIDA
DIVISION OF CORPORATIONS

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2023 AUG -2 PM 6:22

APPROVED
AND
FILED

Aug. 2, 2023 11:19 PM

Vol. 0043 P. 2

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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

ESSENTIAL NOURISH CO LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 05/15/2023 and assigned
Florida document number L23000237329

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 "L.L.C."

Enter new principal offices address, if applicable:

11859 SW 241 ST

(Principal office address **MUST BE A STREET ADDRESS**)

Miami, FL 33032

Enter new mailing address, if applicable:

11859 SW 241 ST

(Mailing address **MAY BE A POST OFFICE BOX**)

Miami, FL 33032

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

City

Zip Code

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

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AND
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

H 23 000 26 85743

MGR = Manager

AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|----------------|---------------------|--|
| MGR | Diaz, Angel R | 11859 SW 241 ST | <input type="checkbox"/> Add |
| | | MIAMI FL 33032 | <input type="checkbox"/> Remove |
| | | | <input checked="" type="checkbox"/> Change |
| MGR | Parra, Maria A | 164 SE 36 TERRACE | <input type="checkbox"/> Add |
| | | HOMESTEAD, FL 33033 | <input type="checkbox"/> Remove |
| | | | <input checked="" type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
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| | | | <input type="checkbox"/> Change |

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[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Anna A. Parnell

Typed or printed name of signee