L23000302927

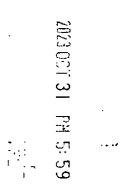
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of 11/1/2023

COVER LETTER

Registration Section Division of Corporations

TO:

Seller Cent				
, , , , , , , , , , , , , , , , , , ,		ited Liability Company		
he enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Gavien Perez			
		Name of Person		
	Seller Century LLC			
		Firm/Company	 	
	4313 Comanche Trail Blvd	i l		
		Address		
	Jacksonville, FL 32259			
		City/State and Zip Code		
	gavienrperez@gmail.com			
for further information c	e-man address: (to be used for future annual report not	incation)	
Gavien Perez		904 612-2881 at ()		
Name o	f Person	Area Code Daytin	ne Telephone Number	
Enclosed is a check for the	ne following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Addres		Street Address: Registration Se	ection	
Registration Section Division of Corporations		-	Registration Section Division of Corporations	
P.O. Box 6327			The Centre of Tallahassee	
Tallahassee, FL 32314		2415 N. Monro	2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Seller Century LLC

company has been notified in writing of this change.

(<u>Name of the Limited Liab</u> (A Flori	bility Company as it now appears on our records () UT 111 5: 59 rida Limited Liability Company)
The Articles of Organization for this Limited Liability Florida document number <u>L23000302927</u>	y Company were filed on 06/23/2023 and assigned
This amendment is submitted to amend the following:	:
A. If amending name, enter the new name of the li	mited liability company here:
Olympx Supplements LLC	
The new name must be distinguishable and contain the words "L	imited Liability Company." the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADI	DRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or register agent and/or the new registered office address here	red office address on our records, <u>enter the name of the new regis</u> e:
Name of New Registered Agent:	
New Registered Office Address:	
-	Enter Florida street address
	, Florida

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

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
			□Add
			□Remove
			□Change
			□Remove
			☐ Change
			□ Add
			□Remove
			Change
			
			□Remove
			□ Change
			□Add
			□Remove
			□ Change
			\ _ _ _ \Add
			□Remove
			□ Change

Page 2 of 3

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Note:	tive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	·
	Signature of a member or authorized representative of a member
	Gavien Perez
	Typed or printed name of signee

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