2-12-24, 2:39 PM   Division of Corporations   H24000058770 3

L2300031575

Florida Department of State
Division of Corporations
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To:

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

From:

     Account Name   : ZENBUSINESS INC.
     Account Number : I20230000190
     Phone   : (844)449-3624
     Fax Number   : (844)449-3624

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

Email Address:_____

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

Certificate of Status	0
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Page Count	04
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FILED 2024 FEB 12 PM 1:45 SECRETARY OF STATE TALLAHASSEE

T. LEMIEUX

FEB 13 2024

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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

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KP NUTRITION 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 07/03/2023 and assigned

Florida document number L23000315157 .

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:	970 58th st N
(Principal office address **MUST BE A STREET ADDRESS**)	St. Petersburg, FL 33710

Enter new mailing address, if applicable:	970 58th st N
(Mailing address **MAY BE A POST OFFICE BOX**)	St. Petersburg, FL 33710

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

MGR =   Manager
AMBR = Authorized Member

Title	Name	Address	Type of Action
AMBR	Paul Dlugozima	970 58th st N	☐ Add
		St. Petersburg, FL 33710	☐ Remove
			■ Change
AMBR	Kendenn Serra	970 58th st N	☐ Add
		St. Petersburg, FL 33710	☐ Remove
			■ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary)*

_____

_____

_____

_____

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_____

E. Effective date, if other than the date of filing: _____ **(optional)**

(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)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b)   The 90th day after the record is filed

Dated ___February 12th_____   2024_____

/s/ Kendenn Serra
_____
Signature of a member or authorized representative of a member

Kendenn Serra
_____
Typed or printed name of signee

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