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1883 W. Royal Hunte Dr., Suite 200 John Paul. Legal Assistant Cedar City. Utah 84720 johnpaul@kkoslawyers.com Phone 435-586-9366 Fax 435-586-9491

April 5, 2024

Department of State Division of Corporations The Center of Tallahassee 2415 N. Monroe Street Suite 810 Tallahassee, FL 32303

To Whom It May Concern:

Enclosed for processing are duplicates of the Articles of Amendment for **WEIGHT WISE MEDICAL LLC.** Also enclosed is a check in the amount of \$25.00 to cover the filing fee.

If you find the enclosed document acceptable, please note your acknowledgment of receipt on the copy and return it to my office with the enclosed return envelope as noted above.

Thank you for your anticipated attention to this matter.

Very truly yours.

KYLER KOHLER OSTERMILLER & SORENSEN, LLP

John Paul Legal Assistant

Enclosure

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

WEIGHT WISE MEDICAL 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 L Florida document number <u>L23000326121</u> | iability Company | were filed on $\frac{07'}{}$ | 10/2023 and assigned |
|---|------------------------------------|--|---|
| This amendment is submitted to amend the follo | owing: | | |
| A. If amending name, enter the new name o | f the limited liab | ility company he | <u>re</u> : |
| The new name must be distinguishable and contain the v | ords "Limited Liabi | lity Company," the de | signation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | | 1883 West Royal Hume Drive, Suite 200A | |
| | | Cedar City, Utah 84720 | |
| | | 1883 West Royal Hunte Drive, Suite 200A Cedar City, Utah 84720 | |
| B. If amending the registered agent and/or r agent and/or the new registered office addre | | address on our re | ecords, <u>enter the name of the new registered</u> |
| Name of New Registered Agent: | Registered Ago | ent Solutions, Inc. | |
| New Registered Office Address: | 2894 Remington Green Lane, Suite A | | |
| | Enter Florida street address | | |
| | Tallahassee | | Florida <u>32308</u> |
| | | City | Zip Code |

Thereby 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.

திருத்தி Samantha Niels, Assistant Secretary

If Changing Registered Agent, Signature of New Registered Agent

DocuSign Envelope ID AECDEBC2-1FCB-4A71-A6F1-E82CD1077B41 in amenoing Authorized rerson(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> | Address | Type of Action |
|--------------|-----------------|---|-----------------|
| MGR | William Nichols | 1883 West Royal Hunte Drive, Suite 200A | 🗖 Add |
| | | Cedar City, Utah 84720 | □Remove |
| | | | ☐ Change |
| MGR | Taylor Nesbit | 1883 West Royal Hunte Drive, Suite 200A | 🗆 Add |
| | | Cedar City, Utah 84720 | □Remove |
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| fective date, i | f other than the date of filing: (optional) |
| ote: If the date | s 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 inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the tive date on the Department of State's records. |
| | a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the |
| is filed. | 3/27/2024 |
| ated | · |
| | — DocuSigned by |
| | |
| | William Mdcols a member or authorized representative of a member |

Filing Fee: \$25.00

Typed or printed name of signee