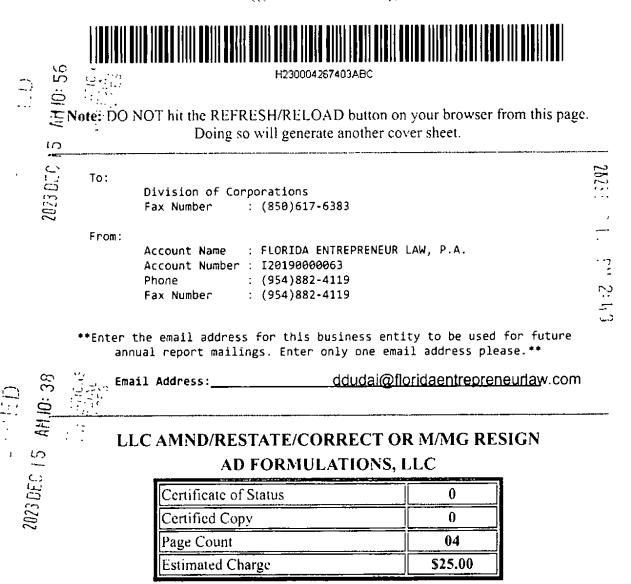
Florida Department of State

Division of Corporations

Electronic Filing Obver Specific

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.

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To:

COVER LETTER

(((H23000426740 3)))

TO: Registration Section **Division of Corporations** AD FORMULATIONS LLC SUBJECT: _ Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: DANIELLE DUDAI Name of Person FLORIDA ENTREPRENEUR LAW PA Firm/Company 101 NE 3RD AVENUE, SUITE 1500 Address FORT LAUDERDALE, FL 33301 City/State and Zip Code ddudai@floridaentrepreneurlaw.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: DANIELLE DUDAI, ESQ. Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ☐ \$55.00 Filing Fee & S60.00 Filing Fee. ☐ \$30.00 Filing Fee & ■ \$25.00 Filing Fee Certificate of Status & Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed) Street Address: Mailing Address: Registration Section Registration Section Division of Corporations Division of Corporations The Centre of Tallahassee P.O. Box 6327

Tallahassee, FL 32314

2415 N. Monroe Street. Suite 810 Tallahassee, FL 32303

To:

Fax: (850) 617-6381

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AD FORMULATIONS, LLC				
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our reco liability Company)	ords.)		
The Articles of Organization for this Limited Liability Company Florida document number <u>L23000456057</u>	were filed on 10/03/2023	and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company here:			
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "L	LC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:		<u>ب</u>		
(Principal office address MUST BE A STREET ADDRESS)				
		; <u> </u>		
		7		
Enter new mailing address, if applicable:		??		
(Mailing address MAY BE A POST OFFICE BOX)		<u></u>		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>ent</u>	er the name of the new registered		
Name of New Registered Agent:				
New Registered Office Address:	Enter Florida street uda	ress		
	Florida			
 	City	Florida Zip Code		
New Registered Agent's Signature, if changing Registered Agent:				
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as pering filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, provided for in Chapter 60	and I am familiar with and 5, F.S. Or, if this document is		

If Changing Registered Agent, Signature of New Registered Agent

m: Michelle Suarez Fax: 19544005096 To: Fax: (850) 617-6381 Page: 4 of 5 12/14/2023 6:20 PM (((1723000420740 3)))

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>	Address	Type of Action
MGR	THOMAS O' CONNOR	2151 E. COMMERCIAL BLVD	□ Add
		SUITE 302	■ Remove
		FORT LAUDERDALE. FL 33308	
AMBR	METABOLIC PROMOTIONS LL	2151 E. COMMERCIAL BLVD	□Add
		SUITE 302	■Remove
		FORT LAUDERDALE, FL 33308	□ Change
MGR	ANABOLIC DOC INC.	2151 E. COMMERCIAL BLVD	≣ Add
		SUITE 302	□ Remove
		FORT LAUDERDALE, FL 33308	□Change
			🗀 Add
			□Remove
			□Change
			□Add
			□Remove
			□Add
			□ Remove
			⊡Change

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штепі	's effective date of	on the Department	of State's record	is.	<i>C</i> 1		
		effective date, but	not an effective	time, at 12:01 a	.m. on the earlie	r of: (b) The 9	0th day after the
s filed.							
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	Dr. Tour	O' Connor Dec 14,	2023 12:04 EST)				
		Signature (of a member or au	thorized represent	ative of a member		
	Dr. Tom O'	Signature (of a member or au	thorized represent	ative of a member		