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| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
| J. HORNE AUG 2 8 2024 |

Office Use Only



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FILED 2024 AUG 26 PM 12: 38

COVER LETTER

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TO: Registration Section

Tallahassee, FL 32314

| Division of Corp | porations | | |
|---|--|--|---|
| SUBJECT: Not | WI Get It M | lediciNe LLC ted Liability Company | |
| | Amendment and fee(s) are subr | | |
| Please return all correspo | ndence concerning this matter t | to the following: | |
| | Benja | Min Wilson Name of Person | |
| | Now I | Set It MediciNe, LI | L C |
| | 37334 Nature | s Edge Trl | - |
| | | City/State and Zip Code | |
| | benjaminjam 42-mail address: (1) | to be used for future annual report noti | o M fication) |
| For further information c | oncerning this matter, please ca | all: | |
| Bryanin Name o | Wilson Person | at (<u>208</u>) <u>999</u> Area Code Daytim | 7964 e Telephone Number |
| Enclosed is a check for the | ne following amount: | | |
| X S25.00 Filing Fee | □ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy tadditional copy is enclosed) | ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| Mailing Address Registration 9 Division of C P.O. Box 632 | Section Corporations | Street Address: Registration Se Division of Cor The Centre of T | porations |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO

| ARTICLES OF | ORGANIZATION | |
|-------------|--------------|--|
| | 0.5 | |

| ARTICLES OF ORGANIZATION File |
|---|
| \mathbf{OF} \mathbf{OF} |
| Now I Get It Medicine, LLC 2024 AUG 26 PM 12: 38 |
| (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) |
| orida document number <u>L 24000 198326</u> . |
| nis amendment is submitted to amend the following: |
| Now I Get It Education, LLC renew name and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." |
| |
| nter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS) |
| |
| nter new mailing address, if applicable: |
| Agiling address MAY BE A POST OFFICE BOX) |
| . If amending the registered agent and/or registered office address on our records, <u>enter the name of the new registere</u> <u>gent and/or the new registered office address here</u> : |

| New Registered Office Address: | Enter Florida street address | |
|--------------------------------|------------------------------|--|
| | . Florida | |

Zip Code City

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

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 |
|--------------|--------------|--------------|----------------|
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| an ene lote: | re date, if other than the date of filing: |
| | ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier o 90th day after the record is filed. |
| ated _ | August 21 2024 |
| | Signature of a member or authorized representative of a member |
| | |

Page 3 of 3

Filing Fee: \$25.00