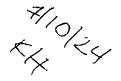


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COVER LETTER

Division of Cpr	porations		
Raven Taet SUBJECT:	ical Nutrition LLC	ť	
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing	
		_	
rlease return all correspo	ndence concerning this matter	to the following:	
	Alycia Phillips		
		Name of Person	
	Mary Ann Phillips CPA P.	Α	
		Firm/Company	
	1931 Commerce Ln Ste 6		
		Address	
	Jupiter, FL 33458		
	·	City/State and Zip Code	
	alycia@cpa1931.com	to be used for future annual report noti	(ication)
For further information co	oncerning this matter, please of	·	,
Alycia Phillips		561 747-5431	
Name of	f Person	at () Area Code Daytim	e Telephone Number
Enclosed is a check for th	ne following amount:		
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy radditional copy is enclosed)
Mailing Addres Registration S		<u>Street Address:</u> Registration Se	ction .
Division of C	orporations	Division of Cor	porations
P.O. Box 632 Tallahassee, I		The Centre of T 2415 N. Monro	'allahassee e Street, Suite 810
ranamasee, t	-2 0 20 1 1	Tallahassee, FI	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Raven Tactical 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 $\frac{4/30/2024}{2}$ and assigned Florida document number _L24000201882 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: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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

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
MGR	Sebastian Pritchard	1931 Commerce Ln Ste 6	□Add
		Jupiter, FL 33458	□Remove
			■ Change
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Changed from the incorrect	ast name spelling of Pric	hard (incorrect) to	PRITCHARD (correct).	
				
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effective date is listed, the date muster. If the date inserted in this bl	t be specific and cannot be p	rior to date of filing o	more than 90 days after til	ing.) Pursuant to 605.026
<u>ser</u> it the date inserted in this bi ument's effective date on the D			ing requirements, tills t	ate will not be usted a
cord specifies a delayed effectiv	e date, but not an effectiv	retime at 12:01 au	o on the earlier of: (b)	The 90th day after th
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June 18th ed	2024			
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Filing Fee: \$25.00