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COVER LETTER

TO:	Registration Se Division of Cor		•	
SUBJEC	Siha Wellne	ess LLC		
SUBJEC	J1;	Name of Lim	ited Liability Company	
The encl	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all correspo	indence concerning this matter	to the following:	
		Joshua Baker		
			Name of Person	
			Firm/Company	
		2644 Lobelia Dr		
			Address	
		Lake Mary, FL 32746		•:•
			City/State and Zip Code	
		E-mail address: (to be used for future annual report notif	:-, cn
For furth	er information c	oncerning this matter, please c	all:	;., co
Joshua E	Baker		518 858-9715 at ()	
	Name o	f Person		Telephone Number
Enclosed	d 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)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addres Registration S	Section	Street Address: Registration Sec	ction
Division of Corporations			Division of Cor	porations

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

Siha Wellness LLC			
(Name of the Lim	ited Liability Com (A Florida Limited	pany as it now appears on our record Liability Company)	<u>'ds.</u>)
The Articles of Organization for this Limited I	_iability Compan	ny were filed on 7/8/2024	and assigned
lorida document number L24000302946			
his amendment is submitted to amend the fol	lowing:		
. If amending name, enter the new name o	of the limited lia	bility company here:	
iha Nutrition LLC			
he new name must be distinguishable and contain the	words "Limited Lia	bility Company," the designation "LL	C" or the abbreviation "L.L.C."
nter new principal offices address, if appli	cable:	NA	<u></u>
Principal office address MUST BE A STREET ADDRESS)		*18.5 S.M. * 1	<u>.:</u>
			<u> </u>
			<u> </u>
Enter new mailing address, if applicable:		NA	
Mailing address MAY BE A POST OFFICE	(BOX)		្ម ភ្
			- ΄΄΄ α
i. If amending the registered agent and/or gent and/or the new registered office addr		e address on our records. <u>ente</u>	r the name of the new registe
Name of New Registered Agent:	NA		
New Registered Office Address:			
		Enter Florida street addre	25.8
		, F	lorida
		City	Zin 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

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>	Name	Address	Type of Action
			□ Add
			□Remove
			□Change
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tive date, if other than the date of filing:	8/5/	~ ~ ~		(option	al)	
ffective date is listed, the date must be specific and cannot be. If the date inserted in this block does not meet the	be prior to date : applicable s	e of filing or m tatutory filin	ore than 90 d g requireme	ays atter til nts. this d	ing.) Purs ate will r	uant to 60 sot be lis
ment's effective date on the Department of State's re	ecords.		S 1			
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Filing Fee: \$25.00