## M18000004832

(Requ	uestor's Name)	<del></del>
(Āddr	ess)	
(Addr	ess)	
(City/	State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Name)	<del></del>
(Doce	ument Number)	
Certified Copies	Certificates of	Status
Special Instructions to Fi	ling Officer.	
	J. HORNE	
	NOV 1 5 2022	2

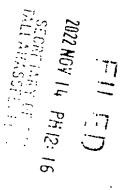
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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 866.625.0838 COGENCYGLOBAL.COM

Account#: 120000000088

Date:_Novemb	per 11, 2022		Account#. 120000000000
Name:James	s Brodbeck		
Reference #:	1833343		
Entity Name:	SOLSPRING	MARKET, LLC	_
Articles of Inco	orporation/Authoriz	ration to Transact Busine	ess
✓ Amendment			
Change of Age	ent		
Reinstatement	t		
Conversion			
☐ Merger			
☐ Dissolution/Wi	thdrawal		
☐ Fictitous Name	е		
Other			
Authorized Amou	nt: \$25.0		
Signature:	yer 1		

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT **BUSINESS IN FLORIDA** ા<sub>ડ</sub> 23

SECTION I (1-4 must be completed)	22 NOV
1. Name of limited liability Company as it appears on the records of the Florida Department of	- 12 CENT
State: MERCOLA, COM HEALTH RESOURCES, LLC	
Enter new principal office address, if applicable:	<u>~</u>
(Principal office address  MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
2. The Florida document number of this limited liability company is: 18000004832	
3. Jurisdiction of its organization: DELAWARE	
4. Date authorized to do business in Florida: 05/18/2018	
SECTION II (5-9 complete only the applicable changes)	
5. New name of the limited liability company:  (must contain "Limited Liability Company, " "L.L.C	," or "LLC.")
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florid copy of the written consent of the managers or managing members adopting the alternate name. The must contain "Limited Liability Company," "L.L.C." or "LLC.")	a and attach a e alternate nam
6. If amending the registered agent and/or registered officer address on our records, enter the name registered agent and/or the new registered office address here:	of the new
Name of New Registered Agent:	
New Registered Office Address:  Enter Florida Street Address	
, Florida	
City	Lip 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 the amendme			lance with 605.0902 (1)(c), ind	
tle/ Capacity	Name		Address	Type of Action
				□Add
		_		□Remove
				□∧dd
		_		□Remove
		<del></del>	<del></del>	
		-		□Remov
				□Add
		-		□Remov
<del></del>				DAdd
aforementione	ertificate, if required: no r d amendment(s), duly auth der the law of which this e	enticated by the	official having custody of rece	☐Remov

Filing Fce: \$25.00

Page 1

## Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY THAT THE SAID "MERCOLA.COM HEALTH
RESOURCES, LLC" FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS
NAME TO "SOLSPRING MARKET, LLC", ON THE SECOND DAY OF NOVEMBER,
A.D. 2022, AT 5:53 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID 'SOLSPRING

MARKET, LLC', IS THE LAST KNOWN TITLE OF RECORD OF THE AFORESAID

LIMITED LIABILITY COMPANY.



Authentication: 204836834

Date: 11-11-22





115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 866.625.0838 COGENCYGLOBAL.COM

Account#: 120000000088

Date: November	er 11, 2022		ACCOUNTRY, 120000000000
Name: James	Brodbeck		
Reference #:	1833343		
Entity Name:	SOLSPRING	MARKET, LLC	<u>.</u>
Articles of Incor	poration/Authorizat	tion to Transact Busir	ness
✓ Amendment			
Change of Ager	nt		
Reinstatement			
☐ Conversion			
☐ Merger			
Dissolution/With	ndrawal		
☐ Fictitous Name			
Other			
Authorized Amoun	t: \$25.00		
Signature:			

+1.212.947.7200