

M18000006691

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

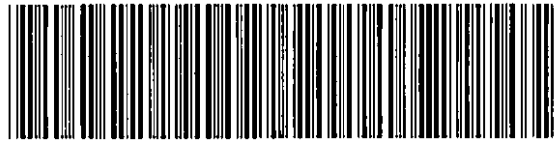
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600316287996

18 JUL 27 11:10:49

FILED  
18 JUL 27 AM 10:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

O SIMMONS  
JUL 30 2018

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 321986 4327615

AUTHORIZATION :



COST LIMIT : \$ 25.00

ORDER DATE : July 26, 2018

ORDER TIME : 10:24 AM

ORDER NO. : 321986-010

CUSTOMER NO: 4327615

FOREIGN FILINGS

NAME: NUSCIENCE LLC DBA NUSCIENCE  
HOLDINGS, LLC

\_\_\_\_ CORPORATE  
\_\_\_\_ LIMITED PARTNERSHIP  
XX LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_ CERTIFIED COPY  
XX PLAIN STAMPED COPY  
\_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER: \_\_\_\_\_

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE  
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT  
BUSINESS IN FLORIDA**

**SECTION I (1-4 must be completed)**

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: Nuscience Holdings, LLC

Enter new principal office 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)

2. The Florida document number of this limited liability company is: M18000006691

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: July 20, 2018

**SECTION II (5-9 complete only the applicable changes)**

5. New name of the limited liability company: Special Nutrients, LLC

(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer 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 Zip 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

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

\_\_\_\_\_

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

\_\_\_\_\_

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
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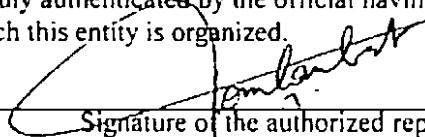
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9. Attached is a certificate, if required: no more than 90 days old, evidencing the  
aforementioned amendment(s), duly authenticated by the official having custody of records in the  
jurisdiction under the law of which this entity is organized.

  
\_\_\_\_\_  
Signature of the authorized representative

Tom Lambert, Attorney-in-fact

\_\_\_\_\_  
Typed or printed name of signee

Filing Fee: \$25.00

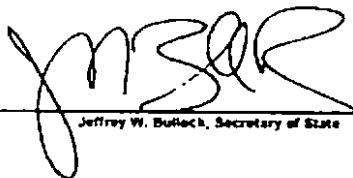
# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF AMENDMENT OF "NUSCIENCE, LLC", CHANGING ITS NAME FROM "NUSCIENCE, LLC" TO "SPECIAL NUTRIENTS, LLC", FILED IN THIS OFFICE ON THE TWENTY-THIRD DAY OF JULY, A.D. 2018, AT 3:44 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE EFFECTIVE DATE OF THE AFORESAID CERTIFICATE OF AMENDMENT IS THE TWENTY-SEVENTH DAY OF JULY, A.D. 2018.



Jeffrey W. Bullock, Secretary of State

6899115 8100  
SR# 20185793823

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

Authentication: 203113551  
Date: 07-23-18

CERTIFICATE OF AMENDMENT  
TO CERTIFICATE OF FORMATION  
OF  
NUSCIENCE, LLC

State of Delaware  
Secretary of State  
Division of Corporations  
Delivered 03:44 PM 07/23/2018  
FILED 03:44 PM 07/23/2018  
SR 20185793823 - File Number 6899115

1. The name of the limited liability company is Nuscience, LLC.

2. The Certificate of Formation of the limited liability company is hereby amended as follows:

ARTICLE FIRST of the Certificate of Formation is amended to read in full as follows:

"The name of the limited liability company is Special Nutrients, LLC (the 'Company')."

3. This amendment shall become effective on July 27, 2018.

IN WITNESS WHEREOF, the undersigned has executed this Certificate of Amendment of Nuscience, LLC this 23<sup>rd</sup> day of July, 2018.

NUSCIENCE, LLC

By: 

Name: Tom Lambert

Title: Authorized Person