



**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H25000014295 3)))



H250000142953ABC

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (614)280-3338  
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**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

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RECEIVED  
2025 JAN 13 11:30  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
MIH MANAGEMENT SERVICES LLC**

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$55.00

FILED  
2025 JAN 13 AM 9:21  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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: MIH Management Services 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: M22000002980

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 02/24/2022

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

5. New name of the limited liability company: Naturion Management Services, 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:

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

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<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<hr/>	<hr/>	<hr/>	<input type="checkbox"/> Add
<hr/>	<hr/>	<hr/>	<input type="checkbox"/> Remove
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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.

Michelle Walls  
Signature of the authorized representative

Michelle Walls

\_\_\_\_\_  
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 'MIH MANAGEMENT SERVICES LLC', CHANGING ITS NAME FROM "MIH MANAGEMENT SERVICES LLC" TO "NATURION MANAGEMENT SERVICES LLC", FILED IN THIS OFFICE ON THE NINETEENTH DAY OF DECEMBER, A.D. 2024, AT 6:52 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE EFFECTIVE DATE OF THE AFORESAID CERTIFICATE OF AMENDMENT IS THE FIRST DAY OF JANUARY, A.D. 2025.



7512607 8100  
SR# 20250066098

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

A handwritten signature in black ink, appearing to read 'JB', is written over a horizontal line. Below the line, the text 'Jeffrey W. Bullock, Secretary of State' is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 202647344  
Date: 01-08-25

State of Delaware  
Secretary of State  
Division of Corporations  
Delivered 06:52 PM 12/19/2024  
FILED 06:52 PM 12/19/2024  
SR 20244560061 - File Number 7512607

**CERTIFICATE OF AMENDMENT  
TO CERTIFICATE OF FORMATION  
OF  
MIH MANAGEMENT SERVICES LLC**

1. The name of the limited liability company is MIH Management Services LLC.
2. The Certificate of Formation of the limited liability company is hereby amended as follows:

“First. The name of the limited liability company is Naturion Management Services LLC.”

3. The foregoing amendment was duly adopted in accordance with the provisions of Title 6, Section 18-202 of the Delaware Limited Liability Company Act.
4. This Certificate of Amendment shall have a delayed effective date of January 1, 2025.

IN WITNESS WHEREOF, the undersigned has caused this Certificate of Amendment to be executed as of December 19, 2024

By: \_\_\_\_\_



Name: Chris Elliott

Title: Authorized Agent