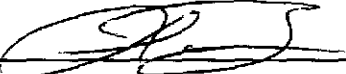


FILED EFFECTIVE

Complete and submit the application in duplicate.

2018 APR 13 PM 3:58

SECRETARY OF STATE
STATE OF IDAHO

- | | |
|--|---|
| 1. | The name of the limited liability company is:
<u>HEALTHSOURCENUTRITION.NET, LLC</u> |
| 2. | The date the certificate of organization was originally filed : <u>June 26, 2009</u> |
| 3. | The name of the limited liability company is amended to:
<u>Pharma Nutri, LLC</u> |
| 4. | The complete street and mailing addresses of the principal office is amended to:
<u>1116 S. Vista Ave. #258</u>
<small>(Street Address)</small>
<u>Boise, ID 83705</u>
<small>(Mailing Address, if different)</small> |
| 5. | The mailing address for future correspondence (annual reports) is amended to:
<u>1116 S. Vista Ave. #258, Boise ID 83705</u>
<small>(Address)</small> |
| 6. | The name and address of the managers/members shall be amended as follows: |
| Add: <input checked="" type="checkbox"/> | Delete: <input type="checkbox"/> _____
<small>(Name) (Address)</small> |
| Add: <input type="checkbox"/> | Delete: <input type="checkbox"/> _____
<small>(Name) (Address)</small> |
| Add: <input type="checkbox"/> | Delete: <input type="checkbox"/> _____
<small>(Name) (Address)</small> |
| 7. | Signature of a manager, member, or authorized person. |
| Printed Name: | <u>Leonard Boddie</u> |
| Signature: |  |
| Printed Name: | _____ |
| Signature: | _____ |

Secretary of State use only

IDAHO SECRETARY OF STATE

04/13/2018 05:00

CK:17364958 CT:172099 BH:163826

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Secretary of State use only

IDAHO SECRETARY OF STATE

04/13/2018 05:00

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