



**State of Rhode Island and Providence Plantations
Office of the Secretary of State**

Fee: \$50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Foreign Limited Liability Company
Amendment to Application for Registration**

(Section 7-16-52 of the General Laws of Rhode Island, 1956, as amended)

ARTICLE I

The name of the limited liability company is 5 Star Nutrition, LLC

If the company's name is changing, state the new name: 5 Star Nutrition, LLC

If the company is changing its elected name in the State of Rhode Island, state the new name:

ARTICLE II

The statements in the application for registration were inaccurate when made or a change has occurred as follows, including, if applicable, a change made in Article I:

If the company duration is changing, so state: Perpetual

If the address of the principal office of the limited liability company is changing, so state:

No. and Street: 8500 SHOAL CREEK BLVD
BLDG 4, STE 150

City or Town: AUSTIN State: TX Zip: 78757 Country: USA

If the mailing address of the limited liability company is changing, so state:

No. and Street: 8500 SHOAL CREEK BLVD
BLDG 4, STE 150

City or Town: AUSTIN State: TX Zip: 78757 Country: USA

If the management of the limited liability company is changing, modify the following section:

Members or Managers (check one)

The name and address of each manager (If LLC is managed by Members, DO NOT complete this section):

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
MANAGER	BRIAN MARVER	8500 SHOAL CREEK BLVD, BLDG 4, STE 150 AUSTIN, TX 78757 USA
MANAGER	CHARLES HARTWIG	8500 SHOAL CREEK BLVD, BLDG 4, STE 150 AUSTIN, TX 78757 USA
MANAGER	CODY STEPHENS	8500 SHOAL CREEK BLVD, BLDG 4, STE 150 AUSTIN, TX 78757 USA

The date this Amendment to Application for Registration is to become effective, not prior to, nor more than 30 days after the filing of this Amendment to Application for Registration.

Later Effective Date:

This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.

Signed this 1 Day of June, 2018 at 2:59:38 PM by the Authorized Person.

MONTANA J. WARE

5 Star Nutrition, LLC

Form No. 451
Revised 09/07

© 2007 - 2018 State of Rhode Island and Providence Plantations
All Rights Reserved



State of Rhode Island and Providence Plantations
Department of State | Office of the Secretary of State
Nellie M. Gorbea, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island
and Providence Plantations, hereby certify that this document, duly executed in
accordance with the provisions of Title 7 of the General Laws of Rhode Island, as
amended, has been filed in this office on this day:

June 01, 2018 02:57 PM

A handwritten signature in blue ink, appearing to read "Nellie M. Gorbea". The signature is fluid and cursive, written in a professional style.

Nellie M. Gorbea
Secretary of State

