## 1000025210

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## COVER LETTER

TO:

Registration Section Division of Corporations

## ANTILLAS NUTRITION MIAMI, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Ross Zalkind, Esq.

Rosenfield & Zalkind, P.L.

4601 Sheridan St., Ste 200

Address

Hollywood, FL 33021

City/State and Zip Code

rzalkind@globalamericatitle.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ross Zalkind

at (954) 620-1100

Area Code & Daytime Telephone Number

Name of Person

Enclosed is a check for the following amount:

S25,00 Filing Fee

■\$30.00 Filing Fee & Certificate of Status □\$55.00 Fiting Fee & Certified Copy (additional copy is enclosed) US60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**MAILING ADDRESS:** Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ANTILLAS NUTRITION MI		
(Nume of the Limited	Liability Company as it now appears on our re Florida Limited Liability Company)	cords.)
(A	· Ionda connect classifity company)	
The Articles of Organization for this Limited Lia	ibility Company were filed on 03/05/2010	and assigned
Florida document number L10000025210		
This amendment is submitted to amend the follo-	wing:	
A. If amending name, enter the new name of	the limited liability company here:	
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Company," the des	ignation "LLC" or the abbreviation
Enter new principal offices address, if applica	ble:	
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable:		A CONTRACTOR OF THE CONTRACTOR
(Mailing address MAY BE A POST OFFICE B	<u>OX)</u>	
B. If amending the registered agent and/or registered agent and/or the new registered offi		s, enter the name of the new
registered agent and/of the new registered offi	ce address here.	
Name of New Registered Agent:		
Mante of New Registered Agent.		
New Registered Office Address:	Enter Florida	etroot address
		lorida Zip Coxte
	City	Zip Cixie

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 familially with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this documents being filed to merely reflect a change in the registered office address, I hereby confirm that the limited limiting company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Mai MGRM = M	nager Innaging Member	·	
Title	<u>Name</u>	Address	Type of Action
MGRM	LEVY, SAMUEL	16051 COLLINS AVENUE, #403	Add
	56	SUNNY ISLES BEACH FL 33160	Remove
			Add
			Remove
<del>~~~~</del>			Add
			Remove
	White		Add
			Remove
			Add
			Remove
			Add
		-	Remove

D. If ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
_		
_		
  Dated	11/8/12	
	Signature of a number of a number CO	/
	Typed or printed name of signee	
	Page 3 of 3	
	Filing Fee: \$25.00	