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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: 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.

Name of Person

Rosenfield & Zalkind, P.L.

Firm/Company

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

Name of Person

954 620-1100

at (

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☒ \$30.00 Filing Fee &  
Certificate of Status

☐ \$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$60.00 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

## ANTILLAS NUTRITION MIAMI, LLC

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NOV -6 PM 4:25  
U.S. DEPT. OF JUSTICE  
FBI - TAMPA  
TAMPA, FLORIDA

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 = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	LEVY, SAMUEL	16051 COLLINS AVENUE, #403	<input type="checkbox"/> Add
	SC	SUNNY ISLES BEACH FL 33160	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

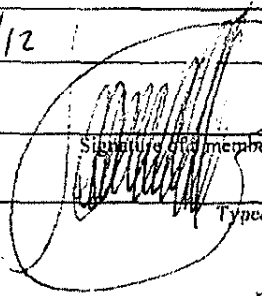
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Dated 11/6/12

 Signature of a member or authorized representative of a member

Typed or printed name of signee

SAMUEL LEVY

Page 3 of 3

Filing Fee: \$25.00