

L15000098242

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

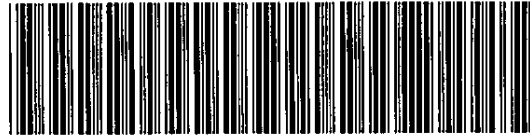
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2015 JUN 19 PM 1:22

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JUN 22 2015

Y SULKER

Re: Doc. No. L15000098242
Amendment to change the Company name

To Whom it May Concern

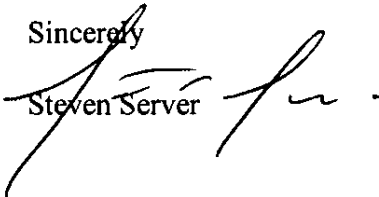
The following Amendment is being filed to change the LLC name from NEW DAWN NUTRITION, LLC, to EMPIRE HEALTH & FITNESS, LLC.

Please forward all documentation to the following address:

STEVEN SERVER
541 SW 178th WAY
PEMBROKE PINES, FL 33029

If you need additional information please feel free to contact me at your earliest convenience at (305) 608-6826

Sincerely


Steven Server

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

NEW DAWN NUTRITION, LLC.

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 06/04/2015 and assigned Florida document number L15000098242.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

EMPIRE HEALTH & FITNESS, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

541 SW 178th WAY

(Principal office address MUST BE A STREET ADDRESS)

PEMBROKE PINES, FL 33029

Enter new mailing address, if applicable:

541 SW 178th WAY

(Mailing address MAY BE A POST OFFICE BOX)

PEMBROKE PINES, FL 33029

B. If amending the registered agent and/or registered office 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

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 TALLAHASSEE, FLORIDA

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager
 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
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_____	_____	_____	<input type="checkbox"/> Change

2019 JUN 19 PM 11:22
 TALLAHASSEE COUNTY
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 TALLAHASSEE COUNTY

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