# L17000158958

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	<del>e</del> #)
(Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer:		
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
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D. SCOTT AUG 2 8 2017

# **COVER LETTER**

TO:	Registration S Division of Co			
SUBJE		NUTRITION PROFESSIONA	LS - CONSULTING LLC	
SUBJE		Name of Lim	ited Liability Company	
The end	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please r	return all correspo	ondence concerning this matter	to the following:	
		MARIA ANGELICA TRA	K-FELLERMEIER	
	Name of Person  GLOBAL NUTRITION PROFESSIONALS - CONSULTING  Firm/Company  6900 SW 44TH ST APT 210  Address			
		MIAMI, FL 33155-4769		
			City/State and Zip Code	<del>.</del>
		mariaangelicatrak@gmail.c		
		E-mail address: (	to be used for future annual report notificati	on)
For furt	her information o	concerning this matter, please ca	ill:	
Dr. MA	RIA ANGELICA	A TRAK-FELLERMEIER	469 8357320 at ()	# 15 2 T
		of Person	Area Code Daytime Fel	ephone Number
Enclose	d is a check for t	he 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

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GLOBAL NUTRITION PROFESSIONALS - CONSULTING 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  $\frac{07/26/2017}{1}$ and assigned Florida document number \_\_\_\_\_1.17000158958 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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

### 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

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>	Address	Type of Action
AMBR	MARIA PEREZ	44 Knapton Drive, Newmarket	
		Ontario, Canada	Remove
		L3X3A9	🗆 Change
AMBR	ANALY PEREZ	44 Knapton Drive, Newmarket	■ Add
		Ontario, Canada	
		L3X3A9	
AMBR	JENNIFER BERNAL-JAFFE, DR.	Carrera 30 #10-159	-
		Palmar de La Concha, MD.	
		050021 CO	■ Remove
			Change
AMBR	JENNIFER BERNAL, DR.	Carrera 30 #10-159	■ Add
		Palmar de La Concha, MD.	□ Remove
		050021 CO	Change
			Adý T
			Remove [7]
			Change
			- ^^
			□ Remove
			Change

	RNAL, DR.					
Also, the electro	nic signature should	l always read MA	RIA ANGELICA T	RAK-FELLERM	EIER (please corre	ect
last signature, ur	ider ARTICLE V)					
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fective date, if oth	er than the date o	of filing:		10	optional)	
n effective date is listed ote: If the date inser	d, the date must be spec ted in this block doe late on the Departme	cific and cannot be p es not meet the app	olicable statutory fil	more than 90 days	after filing.) Pursuant	⊥to 605.020 be listed a
	s a delayed effec er the record is		not an effective	e time, at 12:0	)1 a.m. on the	e <b>ar</b> flier (
The 90th day aft					-	2.
The 90th day aft  August 21st		2017				

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Typed or printed name of signee

Filing Fee: \$25.00