

L19000 196673

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

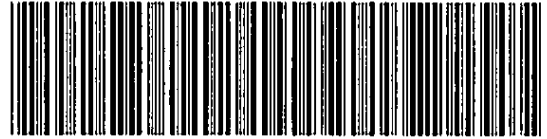
(Business Entity Name)

(Document Number)

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Amend/Name  
chg

JUL 31 2020  
1 ALBRITTON

# COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Smart Mouth Nutrition PLLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fec(s) are submitted for filing.  
Please return all correspondence concerning this matter to the following:

Gabrielle Tafur (Mancella)  
Name of Person  
Smart Mouth Nutrition PLLC  
Firm/Company  
238 Thornton Ln  
Address  
Orlando, FL 32801  
City/State and Zip Code  
GABRIELLE.MANCELLA@GMAIL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

David Tafur at 407 719-3868  
Name of Person 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 Address:**  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

Smart Mouth Nutrition PLLC

(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 08/19/2019 and assigned  
Florida document number L19000196673

2020  
AUG 17 11:55

This amendment is submitted to amend the following:

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

Nutrition Gab 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:**

238 Thornton Ln

**(Principal office address MUST BE A STREET ADDRESS)**

Orlando, FL 32801

**Enter new mailing address, if applicable:**

238 Thornton Ln

**(Mailing address MAY BE A POST OFFICE BOX)**

Orlando, FL 32801

**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**

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>
MGR	GABRIELLE TAFUR	238 Thornton Ln	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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