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То:	Division of Corporations Fax Number : (850)617-6383	020 DEC -3
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:______

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN THE SOUTH EAST NUTRITION HOLDINGS LLC

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	ment number 120000297 045.	were rited on	and assigned				
l his amendi	pent is submitted to amend the following:						
A. If amend	ing name, enter the new name of the limited liabl	ity company here:					
The new name	must be distinguishable and contain the words "Limited Liabili						
Enter new p	rincipal offices address, if applicable:	202 almena Caral Gables	ave, Ste 205				
(Principal of	lice address MUST BE A STREET ADDRESS	Coral Gables	: FU 331341				
		a a Olimana.					
	dailing address, if applicable:		a ove ste 205				
(Mailing add	PESA MAY BE A POST OFFICE BOX)	Cora Gable	S FC 33134				
B. If amend	ing the registered agent and/or registered office a	ddress on our monrds, enter the s	10000 of the new registerari				
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Vew Register	di Agent's Signature, If changing Registered Agent;	Ģŗ	ZIP Code				
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nereny acc provisions o	ept the appointment as registered agent and agre fall statutes relative to the proper and complete p	e to act in this capacity. I further performance of my duties, and I c	agree to comply with the am familiar with and				
accept the o	bligations of my position as registered agent as p	rovided for in Chapter 605, F.S.	Or, If this document is				
zeing jitea ti companyi ha	p merely reflect a change in the registered office to s been notified in writing of this change.	adaress, I hereby confirm that the	! nmited hability				

If Changing Registered Agent, Signature of New Registered Agent

_____ Change

If amending or removed	Authorized Person(s) authorized to mai	nage, enter the fitte, name, and address of each	person being added
MGR = M AMBR = A	anager utborized Member		
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