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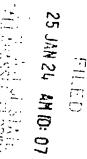
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## **COVER LETTER**

CUB ID CT.	MECH NU	TRITION SUPPLEMENTS LI	LC.			
SUBJECT:	Name of Limited Liability Company					
		Amendment and fee(s) are sub-	<u>-</u>			
	. <b></b>	ROBERTO DEL ROSARI	•			
			Name of Person			
		MECH NUTRITION SUP	PLEMENTS LLC			
Firm/Company						
		11663 SW 244TH LN				
		Address				
		HOMESTEAD, FL 33032				
	City/State and Zip Code					
		mechnutritionsupplementsll	c@gmail.com to be used for future annual report noti	fication)		
For further in	nformation co	oncerning this matter, please co	·	,		
	DEL ROSA		305 2242505 at ()			
Name of Person		Area Code Daytim	e Telephone Number			
Enclosed is	a check for th	e following amount:				
■ \$25.00 I	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
<u>Ma</u>	iling Address	<u>s:</u>	Street Address:			

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section Division of Corporations

> 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

MECH NUTRITION SUPPLEMENTS 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  $\underline{\underline{-06/03/2022}}$ and assigned Florida document number 1,22000256055 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: N/A The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." N/A Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) N/A 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: N/A Name of New Registered Agent: N/A New Registered Office Address: Enter Florida street address

## 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.

City

\_, 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>	Address	Type of Action
AMBR	CLAUDIA GALVEZ	11663 SW 244TH LN, HOMESTEAD, FL 33032	■Add
			□Remove
			□Change
			🗆 Add
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			DChange
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(If an effective Note: If the	date, if other than the diverget date is listed, the date must be the date inserted in this block is effective date on the Dep	e specific and cannot be pri k does not meet the appl	or to date of filing licable statutory:	or more than 90 days a	otional) fter filing.) Pursuant to 60 this date will not be lis	(5.0207 (3) (sted as the
he record sp ord is filed.	occifies a delayed effective o	late, but not an effective	time, at 12:01 a	.m. on the earlier of:	(b) The 90th day aft	er <b>the</b>
Dated	NUARY 13	. 2025	- //	/		
	Si	gnature of a member or au	thorized epresenta	ative of a member		
	ROBERTO DEL ROSAR	10	V			
			nted name of sign	ee		

Filing Fee: \$25.00