

L22000256055

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : CMCO GENERAL SERVICES LLC
Account Number : I20250800141
Phone : (786)823-1576
Fax Number : (844)843-8855

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: RODOLFO.1990@GMAIL.COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

MECH NUTRITION SUPPLEMENTS LLC

Certificate of Status	0
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Page Count	01
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K. SALY

AUG 28 2025

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Corporate Filing Menu

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2025 AUG 28 PM 4:37
TALLAHASSEE, FLORIDA
STATE DEPARTMENT OF REVENUE

**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 06/06/2022 and assigned
Florida document number L22000256055.

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 "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

2365 NW 70 AVE

UNIT C-20

MIAMI FLORIDA 33122

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

City

Florida

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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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	CLAUDIA GALVEZ	11663 SW 244TH LN HOMESTEAD, FL 33032	☐ Add
			☐ Remove
			☒ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
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			☐ Change

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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E. Effective date, if other than the date of filing: _____ (optional)
(If an effective date is listed, the date must be specific and cannot be "as soon as possible.")

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated AUGUST 18 2025

Signature: of a member or authorized representative of a member

ROBERTO DEL ROSARIO

Typed or printed name of signee

#25000290863

Filing Fee: \$25.00