

LO4000 001 276

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

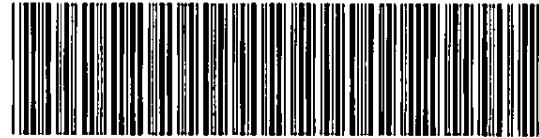
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200335121852

10/07/19--01003--004 **25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2019 NOV -5 AM 8:46

FILED

Y SULKER

NOV 06 2019

Bajo | Cuva | Cohen | Turkel
ATTORNEYS AT LAW

November 6, 2019

Via Electronic Submission

Department of State
Attn.: Yasemin Sulker
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301
Email: yasemin.sulker@dos.myflorida.com

Re: Letter Number 019A00021882

Dear Ms. Sulker:

It was a pleasure speaking with you yesterday and thank you for taking the time to review this matter with me. As we discussed, our client, David McCabe, as Manager of Nutrition Research Solutions, LLC ("NRS"), Document No.: L04000001276, submitted an Amendment to the Articles of Organization of NRS to change its name to Nutrition Research Group, LLC ("NRG"), Document No.: L18000223119. As I explained, Mr. McCabe was also the CEO of NRG, which we voluntarily dissolved earlier this year. I am attaching copies of the Articles of Dissolution for NRG and the Articles of Amendment which created NRS for your reference.

Please proceed with the amendment to NRS. If you require additional information or have any questions, please contact me at 813-868-6652 or mravelo@bajocuva.com.

Sincerely,

/s/ Maritza Ravelo

Maritza Ravelo
Paralegal to John J. Agliano

Enclosures

100 North Tampa Street, Suite 1900, Tampa Florida 33602
Telephone: (813) 443-2199 / Facsimile: (813) 443-2193 / Direct: (813) 868-6171
jagliano@bajocuva.com



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 23, 2019

NUTRITION RESEARCH SOLUTIONS, LLC
100 N TAMPA SUITE 1900
TAMPA, FL 33602

SUBJECT: NUTRITION RESEARCH SOLUTIONS, LLC
Ref. Number: L04000001276

We have received your document for NUTRITION RESEARCH SOLUTIONS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Yasemin Y Sulker
Regulatory Specialist III

Letter Number: 019A00021882

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: NUTRITION RESEARCH SOLUTIONS, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JOHN J. AGLIANO, ESQUIRE

Name of Person

BAJO CUYA COHEN TURKEL

Firm/Company

100 N TAMPA, SUITE 1900

Address

TAMPA, FL 33602

City/State and Zip Code

JOHN.AGLIANO@BAJOCUVA.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

| | | |
|----------------|-----------|--------------------------|
| TERRY MELFY | 727 | 220-4676 EXT 222 |
| 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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

NUTRITION RESEARCH SOLUTIONS, 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 _____ and assigned Florida document number L04000001276.

This amendment is submitted to amend the following:

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

NUTRITION RESEARCH GROUP, 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:

(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

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

FILED
2019 NOV - 5 AM 8:46
SECRETARY OF STATE
TALLAHASSEE, 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> | <u>Address</u> | <u>Type of Action</u> |
|--------------|-------------|----------------|---------------------------------|
| _____ | _____ | _____ | <input type="checkbox"/> Add |
| | | _____ | <input type="checkbox"/> Remove |
| | | _____ | <input type="checkbox"/> Change |
| _____ | _____ | _____ | <input type="checkbox"/> Add |
| | | _____ | <input type="checkbox"/> Remove |
| | | _____ | <input type="checkbox"/> Change |
| _____ | _____ | _____ | <input type="checkbox"/> Add |
| | | _____ | <input type="checkbox"/> Remove |
| | | _____ | <input type="checkbox"/> Change |
| _____ | _____ | _____ | <input type="checkbox"/> Add |
| | | _____ | <input type="checkbox"/> Remove |
| | | _____ | <input type="checkbox"/> Change |
| _____ | _____ | _____ | <input type="checkbox"/> Add |
| | | _____ | <input type="checkbox"/> Remove |
| | | _____ | <input type="checkbox"/> Change |
| _____ | _____ | _____ | <input type="checkbox"/> Add |
| | | _____ | <input type="checkbox"/> Remove |
| | | _____ | <input type="checkbox"/> Change |

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

[illegible]

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 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.

(b) The 90th day after the record is filed.

Dated 9-3 2019

Signature of a member or authorized representative of a member

DAVID J. MCCABE

Typed or printed name of signee