LOU 000118232

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JAN 15 2013 T CLINE

COVER LETTER

TO: Registratio Division of	n Section Corporations			
SUBJECT: V	tamin Depot Name of Limi	Caline com LLC ited Liability Company		
The enclosed Article	s of Amendment and fee(s) are sub	omitted for filing.		
Please return all corr	espondence concerning this matter	to the following:		
	Daniel	Brighter Name of Person	****	
	<u>vitamin</u>	depotonline.com Firm/Company		
	1726 Ke	arnes Ave		
	Naples, 1	City/State and Zip Code		
	danbrister	to be used for future annual report notificat	<u> </u>	
For further informati	on concerning this matter, please of	•	DARETA	
	Brister	at (239) 4 04 - Area Code & Daytime To	OF19	hade i
Na	me of Person	Area Code & Daytime To	SECRETARY OF STATE STATE PROPRIES	Same.
	for the following amount:			
□ \$25.00 Filing Fee	Certificate of Status	Certified Copy (additional copy is enclosed)	□\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	ı
Re Di P.0	AILING ADDRESS: gistration Section vision of Corporations D. Box 6327 llahassee, FL 32314	STREET/COURIER Registration Section Division of Corporation Clifton Building 2661 Executive Cente Tallahassee, FL 3230	ons r Circle	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company (A Florida Limited Liability Company)	ne Com LC as it now appears on our records.) ibility Company)		
The Articles of Organization for this Limited Liability Company v	were filed on 12-12-2006 and assigned		
Florida document number <u>Lo6000118232</u> .			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil	ity company here:		
The new name must be distinguishable and end with the words "Limite "L.L.C."	d Liability Company," the designation "LLC" or the abbreviation		
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:	201: SE		
(Mailing address MAY BE A POST OFFICE BOX)	A 20 C TI		
B. If amending the registered agent and/or registered office address here	ce address on our records, enter the name of the new		
Name of New Registered Agent:	> 4:		
New Registered Office Address:			
	Enter Florida street address		
	, Florida		
	City Zip Code		
Now Desistand Asset's Simustana if shoughes Desistand Asset:			

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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	Name	Address	Type of Action
MURM	Boris Tetrer	Hranicha 75	Add
		821 OS Bratislava,	Remove
		Slovakia XX	
			Add
			Remove
			
	4		Add
			Remove
			_
			Zadd
		<u> </u>	Remove ARY OF
		Li S S S	ARY OF THE
		77 (C) (C) (C) (C)	F STATE
		P	Remove
			<u>_</u>
			Add
			Remove

lf am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
_	
-	
i	Jan & , 2013.
	Signature of a member or authorized representative of a member
	Daniel Brister Typed or printed name of signee
	Typed or printed name of signee
	Page 3 of 3

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SEGRETARY OF STATE
FALLAHASSEE, FLBRIDA