

LD6000118232

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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2013 FEB 18 AM 9:56

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J. SAULSBERRY
EXAMINER

FEB 19 2013

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: VITAMIN DEPOT ONLINE.COM 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:

DANIEL BRISTER

Name of Person

Firm/Company

1726 KEARNEY AVE

Address

NAPLES, FL 34117

City/State and Zip Code

DANBRISTER@GMAIL.COM

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

RECEIVED
STATE OF FLORIDA
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

DAN BRISTER

Name of Person

at **(239) 404-0616**

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

VITAMIN DEPOT ONLINE.COM 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 12/12/2006 and assigned Florida document number L06000118232

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 end with 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)

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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 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

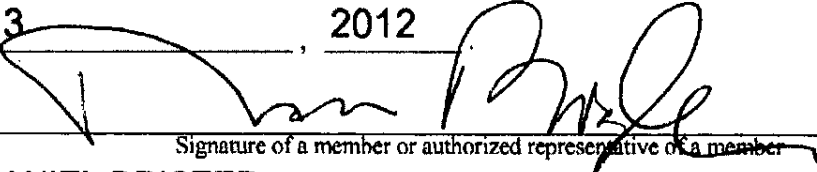
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	PETER SKVARENINA	HARTMANN-IBACH-STRASSE 103	<input checked="" type="checkbox"/> Add
		60389 FRANKFURT AM MAIN,	<input type="checkbox"/> Remove
		GERMANY	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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 IN THE OFFICE OF THE
 CLERK OF THE CIRCUIT COURT
 IN AND FOR THE STATE OF
 FLORIDA
 COUNTY OF DALLAS

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

Dated **FEB. 3**, 2012



Signature of a member or authorized representative of a member

DANIEL BRISTER

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED
2013 FEB 18 AM 11:56
TALLAHASSEE FLORIDA
DEPARTMENT OF STATE