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| (City/State/Zip/Phone #)                |  |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |  |
|   |  |  |  |  |
| (Business Entity Name)                  |  |  |  |  |
|   |  |  |  |  |
| (Document Number)                       |  |  |  |  |
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| Cartification of Status                 |  |  |  |  |
| Certified Copies Certificates of Status |  |  |  |  |
|   |  |  |  |  |
| Special Instructions to Filing Officer: |  |  |  |  |
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Office Use Only

G. MCLEOD

JUL - 8 2008

EXAMINER



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07/03/08--01014--025 \*\*25.00

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## **COVER LETTER**

|   | Division of Corpo   |   |  |  |
|---|---------------------|---|--|--|
| SUBJEC  | T: JJ'S VITA        | AMINS & SUPPLE                              | MENTS, LLC   |  |
|   |                     |   | ited Liability Company)  |  |
|   |                     |   |  |  |
| The enclo                                     | osed Articles of A  | mendment and fee(s) are sub                 | mitted for filing.   |  |
| Please ret                                    | turn all correspond | dence concerning this matter                | to the following:  |  |
|   |                     | RALPH M. GUITO, III, E.                     | SQ.  |  |
|   |                     | , , ,                                       | (Name of Person)   |  |
|   |                     | FLORIDA JUSTICE NOV                         | V, P.A.  |  |
|   |                     |   | (Firm/Company)   |  |
|   |                     | 708 E. JACKSON STREE                        |  |  |
|   |                     |   | (Address)  |  |
|   |                     | TAMPA, FLORIDA 33602                        |  |  |
|   |                     |   | (City/State and Zip Code)  |  |
| For furthe                                    | er information con  | acerning this matter, please ca             | all:   |  |
| RALPH M. GUITO, III, ESQ. at ( 813 ) 288-0123 |                     |   |  |  |
|   | (Name of            | Person)                                     | (Area Code & Daytime T   | elephone Number)   |
| Enclosed                                      | is a check for the  | following amount:                           |  |  |
| \$25.00                                       | O Filing Fee        | □\$30.00 Filing Fee & Certificate of Status | □\$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | □\$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

| JJ 5 VITANIINS & SUPPLEMENTS, LLC  |  | OUP MOONIS                     | -               |
|--|--|--------------------------------|-----------------|
| (A Florid  | ity Company as it now appears or<br>a Limited Liability Company) | tour records.                  |                 |
| The Articles of Organization for this Limited Liability  | Company were filed on FEBRU                                      | ARY 28, 2008 and               | assigned        |
| Florida document number L08000021327   | <del></del> ·  | ,                              |                 |
| This amendment is submitted to amend the following:  |  |                                |                 |
| A. If amending name, enter the new name of the lin   | mited liability company here:                                    |                                |                 |
| The new name must be distinguishable and end with the w "L.L.C."                                       | vords "Limited Liability Company,"                               | the designation "LLC" or the   | ne abbreviation |
| Enter new principal offices address, if applicable:  |  |                                |                 |
| (Principal office address MUST BE A STREET ADI   | DRESS)   |                                | <b>5</b>        |
|  |  |                                | 8               |
|  |  |                                | <u> </u>        |
| Enter new mailing address, if applicable:  |  |                                | 95.             |
| (Mailing address MAY BE A POST OFFICE BOX)   |  | -                              |                 |
|  |  |                                |                 |
|  |  |                                |                 |
| B. If amending the registered agent and/or reg<br>registered agent and/or the new registered office ad | istered office address on our ddress here:                       | records, <u>enter the name</u> | e of the new    |
| Name of New Registered Agent:  |  |                                | <del></del>     |
| New Registered Office Address:   |  |                                |                 |
|  | (Enter Florida street address)                                   |                                |                 |
|  | (0:-)  | , Florida                      |                 |
|  | (City)   | (Zip C                         | 'ode)           |

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 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

| <u> Fitle</u> | <u>Name</u>                       | Address   | Type of Action         |
|---------------|-----------------------------------|---|------------------------|
| MGRM          | JOHN MAZZATELLI                   | 1175 TREASURE AVENUE<br>MANAHAWKIN, NJ 08050  | Add Remove             |
|               |                                   |   | <b>=</b> n <sub></sub> |
| <del></del> . |                                   |   |                        |
|               |                                   |   | - T                    |
|               |                                   |   | Pomovo                 |
|               |                                   |   |                        |
| D. If amend   | ling any other information, enter | change(s) here: (Attach additional sheets, if   | necessary.)            |
|               |                                   |   |                        |
| _             |                                   |   |                        |
| Dated JUNE    | <u>= 27,</u>                      | 2008  |                        |
|               | Signature of a s                  | number or authorized representative of a member of a member of all new formal of signed or printed name of signee | r                      |

Page 2 of 2

Filing Fee: \$25.00