## W8000102426

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	: #)
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PICK-UP	WAIT	MAIL
(Bu	usiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer	
Special instructions to	Filing Officer.	
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## **COVER LETTER**

TO: Registration Se Division of Cor				
SUBJECT: Swi	SS Sciences, L (Name of Limi	LC ited Liability Company)	<del>- 4,</del>	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
i	Monica Card	(Name of Person)		
	Swiss Science	(Firm/Company)		
	701 Bayvieu	) Drive (Address)	<del></del>	
	701 Bayvieu Clearwater, F	Torida 33756 (City/State and Zip Code)	2009 J SECR TALLA	
For further information co	oncerning this matter, please ca	ali:	SECRETARY OF STATE ALLAHASSEE, FILOPIDA Number)	
Monica (Name o	Cardone of Person)	at ( <u>866)</u> <u>884-2144</u> (Area Code & Daytime To	elephone Number)	Transmit of the last of the la
·		,	100 F2	
Enclosed is a check for th	e 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

Swiss Sciences, LLC					
(Name of the Limited	<u>1 Liabllity Compai</u> A Florida Limited L	ny as <mark>it now annears on our re</mark> liability Company)	cords.)		
The Articles of Organization for this Limited 1	iability Company	were filed on 10/31/08		and a	ssigned
Florida document number L08000102426	<del></del>				
This amendment is submitted to amend the fol	lowing:				,
A. If amending name, enter the new name of	of the limited liab	ility company here:			
The new name must be distinguishable and end w	ith the words "Limi	ted Liability Company," the des	ignation	"LLC" or th	e abbreviat
"L.L.C."  Enter new principal offices address, if appli	cable:	701 Bayview Drive		SEG	2009
(Principal office address MUST BE A STRE		Clearwater, Florida 33756		AH	
				ARY O	Ö
Enter new mailing address, if applicable:		PO Box 694		. FL	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		Clearwater, Florida 33757		<u> </u>	<del>- 12</del>
				<u> </u>	
B. If amending the registered agent and registered agent and/or the new registered of			s, <u>ente</u>	r the name	of the n
	Monica Cardo	no.			
Name of New Registered Agent:	<del></del>				
New Registered Office Address:	701 Bayview	701 Bayview Drive (Enter Florida street address)			
	Clearwater	·	lorida	33756	
	***************************************	(City)	JUINA	(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 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 Type of Action **Title Name Address** Michael Maverer MGRM Add Remove Great Colomon Products, LCC. MORM Remove 🗂 Add 🖰 Remove ☐ Add Remove Add <u>Re</u>move Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) ease update the phone number on file to: 727-724-4285 Please update the Company Address to Show Bayview Dr. Belliair, FL 337510, and update Registered Agent to Show: Monica Cardone, Bayview Dr. Bellegir, Fr 2007 Dated Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00