

L09000073533

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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☐

MAIL

(Business Entity Name)

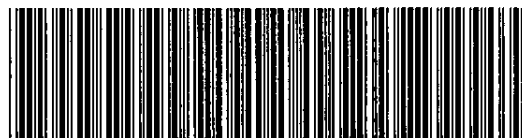
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DIVISION OF CORPORATIONS
10 NOV 29 AM 2:58

T. HAMPTON
NOV 30 2010
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NUTRITION PROS 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:

LIDIA PEREZ

Name of Person

NUTRITION PROS LLC.

Firm/Company

18445 PINES BLVD.

Address

PEMBROKE PINES, FLORIDA. 33029-1415

City/State and Zip Code

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

For further information concerning this matter, please call:

OSCAR GUTIERREZ

Name of Person

at (305)

546-5919

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 NOV 29 AM 2:58

NUTRITION PROS 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 07/31/2009 and assigned
Florida document number L09000073533.

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: 18445 PINES BLVD.
(Principal office address **MUST BE A STREET ADDRESS**) PEMBROKE PINES, FLORIDA. 33029-1415

Enter new mailing address, if applicable: 18445 PINES BLVD.
(Mailing address **MAY BE A POST OFFICE BOX**) PEMBROKE PINES, FLORIDA. 33029-1415

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:

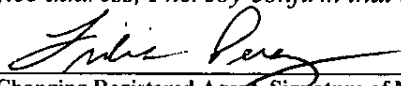
Name of New Registered Agent: PEREZ, LIDIA

New Registered Office Address: 18445 PINES BLVD.
Enter Florida street address

PEMBROKE PINES, Florida 33029-1415
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

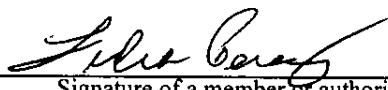
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	PEREZ, DIEGO	12400 SW 100TH ST. MIAMI, FLORIDA 33186	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	PEREZ, LIDIA	12400 SW 100TH ST. MIAMI, FLORIDA 33186	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	PEREZ, LIDIA	18445 PINES BLVD. PEMBROKE PINES, FL 33029-1415	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated

11/24/10



Signature of a member or authorized representative of a member

LIDIA PEREZ

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00

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