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JAN 19 2011

**EXAMINER** 



800191299828

01/18/11--01018--007 \*\*25.00

SECRETARY OF STATE VLLAHASSEE, FLORIDA

# **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: GNC Trospace, 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:
GIIDOPAO FLOVES  Name of Person
GNC Inspections, LLC Firm/Company
730 East USt.
HICHAN, FL 33010  City/State and Zip Code  Call 33317 Dress @ Nanon Cond
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$ \$55.00 Filing Fee & \text{Certified Copy} \\ (additional copy is enclosed)\$\$ \$Certified Copy \\ (additional copy is enclosed)\$\$ \$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

(Name of the Limited Liability	ty Company as it now appears on or Limited Liability Company)	ur records.)	
The Articles of Organization for this Limited Liability  Florida document number 21101340	Clas	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	nited liability company here:	•	
The new name must be distinguishable and end with the wo	ords "Limited Liability Company," th	e designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADD	RESS)	=======================================	
		TE A T	
Enter new mailing address, if applicable:		N 18	
(Mailing address MAY BE A POST OFFICE BOX)		FG P M	
Tamping than too 11122 Declary Open of a real point,	<del> </del>	Es es C	
	<del> </del>	46 71 71	
B. If amending the registered agent and/or registered agent and/or the new registered office add	stered office address on our red dress here:	cords, enter the name of the new	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	Cit.	, Florida Zip Code	
	City	Zip Coae	

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 MGRM = Managing Member

<u>'Title</u>	<u>Name</u>	Address	Type of Action
MGRM	<u>Cristobal Banagas</u>	8837 NW 116 TERR. Hialcan Gans, PL33018	ID Add Remove
			Add Remove
			Add Remove
	<u> </u>		Add Remove
<del></del>			Add Remove
			Add Remove
D. If amendin	ng any other information, enter change(	(s) here: (Attach additional sheets, if necessary.)	_
			_
Dated	January 12 , 201		<del>-</del> -
Dated	Gill	r authorized representative of a member	
_	Gluber	to Flores	
_	Typed or	printed name of signee	

Page 2 of 2

Filing Fee: \$25.00