## Florida Department of State

Division of Corporations Public Access System

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Division of Corporations

Fax Number : (850)617-6383

**EXAMINER** 

Account Name : THE LAW OFFICES OF NICK SPRADLIN PLLC

Account Number : I20070000020 Phone : (813)435-3176
Fax Number : (813)333-6358 Fax Number : (813)333-6358

# LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

#### NUTRICIRCUIT, LLC

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Corporate Filing Menu

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NUTRICIRCUIT, ELC	<u> </u>		
(Name of the Limited Liability Compa- (A Florida Limited L	ay as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company	were filed on 09/29/2009 and assigned		
Florida document number L09000094117			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liable	fility company here:		
The new name must be distinguishable and end with the words "Limit" L.L.C."	ted Liability Company," the designation "LLC" or the abbrevia	— atior	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
·			
Enter new mailing address, if applicable:	500 LYNAM RD.		
(Mailing address MAY BE A POST OFFICE BOX)	SUMTER, SOUTH CAROLINA 29154		
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		new	
Name of New Registered Agent:		_	
New Registered Office Address:			
	(Enter Florida street address)	_	
<del></del>	Florida Ass 9	_	
New Registered Agent's Signature, if changing Registered Agent:	(City)  AHASS		
I hereby accept the appointment as registered agent and agre the provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office of company has been notified in writing of this change.	lete performance of my duties, and I am familiar with a provided for in Chapter 608. F.S. Or af this <b>M</b> cument is	ınd	

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:

8133336358

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	KEITH F. ROBINSON	500 LYNAM RD. SUMTER, SOUTH CAROLINA 29154	Add Remove
<b>387</b>			Add Remove
<del></del>			Add Remove
			Add Remove
			Add Remove
<del></del>	·		Add Remove
D. If amer	nding any other information, enter ch	ange(s) here: (Attach additional sheets, if necessa	יערוד.)
_			
_ _			
Dated	Signature of a men	2001  1 2eJ  There or authorized representative of a member	FILED ROV -3 M 8 CRETARIONS LAHASSEEFLE
	NICK SOSO	ped or printed name of signee  Page 2 of 2	AH 8: 25 OF STATE OF STATE OF STATE
			<b>&gt;</b> ``