

L11000041210

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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12 MAY 21 PM 4:05

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: To add MGRM To L.L.C.
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:

Maria Aragon

Name of Person

Shape Quest, L.L. C.

Firm/Company

7500 N.W. 25th Street

Address

Miami, Florida 33122

City/State and Zip Code

max@shapequestnutrition.com

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

For further information concerning this matter, please call:

Maria Aragon

Name of Person

at (786) 306-7279C/305-851-7007 Office

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|---|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

12 MAY 21 PM 14:05
RECEIVED
DIVISION OF CORPORATIONS
TALLAHASSEE, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

SHAPE QUEST, L.L.C.

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
CLERK OF COUNTY OF
DADE
12 MAY 21 PM 4:08

The Articles of Organization for this Limited Liability Company were filed on 04/05/2011 and assigned
Florida document number L11000041210.

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: 7500 N.W. 25TH STREET
(Principal office address **MUST BE A STREET ADDRESS**) MIAMI, FLORIDA 33122

Enter new mailing address, if applicable: SAME AS ABOVE
(Mailing address **MAY BE A POST OFFICE BOX**)

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: _____

New Registered Office Address: _____

Enter Florida street address

_____, Florida _____
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

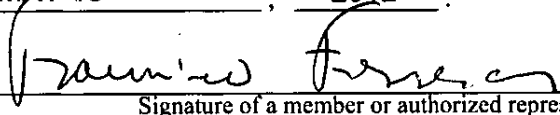
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Jusceline Melo	7540 W. Treasure Drive	<input checked="" type="checkbox"/> Add
		N. BAY VILLAGE, FL 33141	<input type="checkbox"/> Remove
MGM	VICTOR IVAN CASTILLO	15613 S.W. 62ND STREET	<input checked="" type="checkbox"/> Add
		MIAMI, FLORIDA 33193	<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 MAY 15, 2012



Signature of a member or authorized representative of a member

MR. FRANCISCO "PIPEN" FERRRAS

Typed or printed name of signee