

L110000066904

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

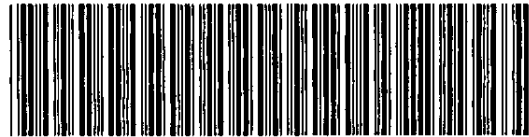
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200251251452

09/16/13--01052--010 **25.00

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
13 SEP 16 PM 3:24

SEP 24 2013
D. BUTLER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SunVita Nutrition, 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:

Ronald E. Wheeler, M.D.

Name of Person

SunVita Nutrition, LLC

Firm/Company

583 Interstate Blvd.

Address

Sarasota, FL 34240

City/State and Zip Code

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

For further information concerning this matter, please call:

John R. Frye

Name of Person

at (941) 957-0007

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

FILED STATE
SECRETARY OF FLORIDA
TALLAHASSEE, FLORIDA
13 SEP 16 PM 3:25

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

SunVita Nutrition, 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 6/06/11 and assigned
Florida document number L11000066904.

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
13 SEP 16 PM 3:05

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:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(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: John R. Frye, Jr

New Registered Office Address: 583 Interstate Blvd
Enter Florida street address

Sarasota, Florida 34240
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

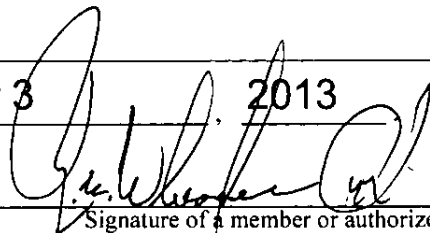
MGRM = Managing Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|------------------|-----------------------|--|
| MGRM | Shelley Wheeler | 583 Interstate Blvd | <input type="checkbox"/> Add |
| | | Sarasota, FL 34240 | <input checked="" type="checkbox"/> Remove |
| MGRM | Ronald Wheeler | 1250 S. Tamiami Trail | <input checked="" type="checkbox"/> Add |
| | | Ste 101 N. | <input type="checkbox"/> Remove |
| | | Sarasota, FL 34239 | |
| MGR | John R. Frye, Jr | 583 Interstate Blvd | <input checked="" type="checkbox"/> Add |
| | | Sarasota, FL 34240 | <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 |

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
 13 SEP 16 PM 3:25

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

Dated September 3 2013



Signature of a member or authorized representative of a member

Ronald E. Wheeler, MD

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
13 SEP 16 PM 3:25