

L11.0000 66904

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2015 OCT 19 PM 4:03
SECRETARY OF STATE
TALLAHASSEE FLORIDA

OCT 19 2015
J. HARRIS

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Sunvita Nutrition

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:

Shelley Wheeler

Name of Person

Sunvita Nutrition

Firm/Company

1819 Main Street/Suite 402

Address

Sarasota, FL 34236

City/State and Zip Code

shelley@sunvitanutrition.com

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

For further information concerning this matter, please call:

Shelley Wheeler

941 951-2415
at ()

Name of Person

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

15 OCT 19 PM 3: 26

SECRETARY OF STATE
TALLAHASSEE, FL 32314

October 8, 2015

SHELLY WHEELER
1819 MAIN STREET, SUITE 402
SARASOTA, FL 34236

SUBJECT: SUNVITA NUTRITION, LLC
Ref. Number: L11000066904

2015 OCT 19 PM 4: 03
FILED
SECRETARY OF STATE
TALLAHASSEE, FL 32314

We have received your document for SUNVITA NUTRITION, LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please indicate if you are adding, removing or changing Shelley Wheeler.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris
Regulatory Specialist II

Letter Number: 115A00021331

**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 6/6/2011 and assigned
Florida document number 111000066904.

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 contain 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)

1819 Main Street/Suite 402

Sarasota, FL 34236

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:

Ronald E Wheeler, M.D.

New Registered Office Address:

1819 Main Street/Suite 402

Enter Florida street address

Sarasota

Florida 34236

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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	John R Frye, Jr		<input type="checkbox"/> Add
		5602 Marquesas Circle/Ste 214	<input checked="" type="checkbox"/> Remove
		Sarasota, FL 34233	<input type="checkbox"/> Change
MGR	Ronald E Wheeler, M.D.	1819 Main Street/Ste 402	<input checked="" type="checkbox"/> Add
		Sarasota, FL 34236	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Shelley Wheeler	1819 Main Street/Ste 402	<input checked="" type="checkbox"/> Add
		Sarasota, FL 34236	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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 TALLAHASSEE
 SECRETARY OF STATE
 OFFICE

This image shows a single page from a notebook or ledger. It features approximately 20 evenly spaced horizontal black lines across its entire width. The margins are consistent on all sides, creating a clean area for writing. There is no handwriting, printed text, or other markings on the page.

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) **Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated October 2, 2015

Signature of a member or authorized representative of a member

Ronald E. Wheeler, M.D.

Typed or printed name of signee

FILED
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CLERK OF DISTRICT COURT
TALLAHASSEE FL 32304