

L11000/08082

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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(Business Entity Name)

(Document Number)

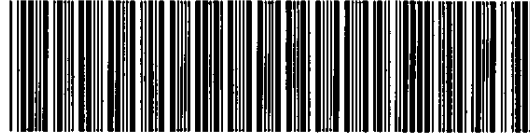
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JULIA ROSS-FLANNERY

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: UNITED WHOLESALE & 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:

JOHN F GUTIERREZ

Name of Person

UNITED WHOLESALE & NUTRITION LLC

Firm/Company

9102 NW 106 STREET

Address

MEDLEY, FL 33178

City/State and Zip Code

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

For further information concerning this matter, please call:

MAGALY MENDOZA

Name of Person

at **305 279-8484**

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

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TALLAHASSEE, FL
CLERK OF CIRCUIT COURT

UNITED WHOLESALE & NUTRITION LLC

The Articles of Organization for this Limited Liability Company were filed on SEPTEMBER 21, 2011 and assigned Florida document number L11000108082.

N/A

N/A

N/A

N/A

N/A

Page 1 of 3

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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	NELSON CUERVOS	18331 PINES BLVD. #201	<input type="checkbox"/> Add
		PEMBROKE PINES, FL 33029	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove

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

N/A

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated MAY 14 2014

Signature of a member or authorized representative of a member

JOHN F GUTIERREZ

Typed or printed name of signee

FILED
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CLERK OF THE COURT
JULIA A. BROWN, CLERK
1411 ATLANTIC BLVD., SUITE 1000
MIAMI, FL 33136
(305) 375-2000