2/1000/08082

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
, , , , ,
PICK-UP WAIT MAIL
(Duringer Entity Name)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
,
JUN - 5 2018
A. LUNT
LI FOIA!

Office Use Only



900260566569

05/27/14--01035--024 **25.00

COVER LETTER

TO:

Registration Section
Division of Corporations

, 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

.,305,279-8484

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

UNITED WHOLESALE & 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 I		any were filed on SEPT	EMBER 21, 20	11 and as	ssigned	
Florida document number <u>L11000108082</u>	··································					
This amendment is submitted to amend the fol	lowing:					
A. If amending name, enter the new name	of the limited l	iability company here:				
N/A						
The new name must be distinguishable and end with the	e words "Limited	Liability Company," the desig	mation "LLC" or the ab	breviation '	"L.L.C."	
Enter new principal offices address, if applicable:		N/A				
(Principal office address MUST BE A STRE	ET ADDRESS	2				
				Ye.	2	
				-2	7	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		N/A		Éir.	3	***
		 		igh c	27	1 **
					-13	_, _[]
				12: 5±	(A)	·
B. If amending the registered agent and	•		r records, <u>enter 1</u>	he name	-	new
registered agent and/or the new registered of	mice address	nere:		7.	ယ	
Name of New Registered Agent:	N/A					
New Registered Office Address:	N/A					
The transfer of the transfer of	-	Enter Florida s	treet address			_
, Florida						
		City	,	Zip Code		_
N	*					

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

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

$\mathbf{AMBR} = A$	Authorized Member		
<u>Title</u>	<u>Name</u>	Address Type of Action	
MGR	NELSON CUERVOS	18331 PINES BLVD. #201_ Add	
		PEMBROKE PINES, FL 33029 Remove	
		□ Remove	
		2	
		☐ Add ☐ ☐ Remove	\.
			The second second
		ු ධ Add දා	C;
		Remove	
		Add	
		Remove	
		Remove	

	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)	1		
<u>.N</u> .	<u>/A </u>			
		_		
E. Effective	date, if other than the date of filing: (optional)			
(The effecti the date th	ve date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after is document is filed by the Florida Department of State)			
Dated 1	1AY 14 2014			
	Signature of a member or authorized representative of a member	· · · · · ·	_	
	JOHN F'GUTIERREZ	<u> </u>	201	
	Typed or printed name of signee		2014 FMY 27	منوداته
		en]	7 2	*
		eryst Peros Filoso Filoso	7	-
			T.	
		(4) 21 3	မှ ာ	

Page 3 of 3

Filing Fee: \$25.00