L120000007254

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12 JUN 18 PM IZ: 52

C. LEWIS

JUN 2 0 2012

EXAMINER

"AttN: Carolyn

Click Moonets has paid the Citins Fee in advance. (Crevit)

Any Questions, place Call BILL M. 941-779-7580

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COVER LETTER

	COVERLETTER
TO: Registration Sec Division of Corp	
SUBJECT:	Mami Nutracoutinals LLC Name of Limited Liability Company
The enclosed Articles of A	Amendment and fee(s) are submitted for filing.
Please return all correspon	ndence concerning this matter to the following:
	Rill Michalan Name of Person
	Mami Nutraceuticals Firm/Company
	4654 SR 64 East # 153 Address
	Bradenten FL 34208 City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
For further information co	ncerning this matter, please call:
Name of	Person at (911) 79 - 7580 Area Code & Daytime Telephone Number
Enclosed is a check for the	e following amount:
\$25.00 Filing Fee	\$30.00 Filing Fee & \$55.00 Filing Fee & \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) 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 ARTICLES OF ORGANIZATION

FILED

12 JUN 18 PM 12: 52 If a (Cuticals L Cumpany as it now appears on our records). SSEE, FLORIDA da Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on _ Florida document number <u>L12000007254</u> 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: New Registered Office Address: Enter Florida street address 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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member **Title** Name **Address Type of Action** Cluck Magnets

Scott Campbell

Bill Michelan ☐ Add Remove Remove Add Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated Signature of a member or authorized representative of a member $\frac{\text{Bill }M_1 \text{ be}}{\text{Typed or printed name of signee}}$

Page 2 of 2

Filing Fee: \$25.00