# L120000007800

(Requestor's Name)				
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SECRETARY OF STATE
TALLAHASSEE FROM

D. BPUCE

OCT 22 2012

EXAMINER

# **COVER LETTER**

TO: Registration of	on Section Corporations	1864			
SUBJECT:		RTS NUTRITION LLC			
-	(Name of Lim	ited Liability Company)			
The enclosed Article	es of Amendment and fee(s) are sub	omitted for filing.			
Please return all cor	respondence concerning this matter	to the following:			
		MARCO REIS			
		(Name of Person)			
USA TAX CORPORATION					
		(Firm/Company)			
591. E SAMPLE RD				•	•
		(Address)			
	PO	POMPANO BEACH ,FL 33064			
		(City/State and Zip Code)		<i>≯</i> 0	
For further information	tion concerning this matter, please o	pall:		OCT 19	APP
MARCO REIS		at (9 5 4) 7 8 8 1 8 1	8	3788 3788 <b>9 7</b> 8	
(1)	Jame of Person)	at (9 5 4) 7 8 8 1 8 1 (Area Code & Daytime T	Felephone Number)	19 PM 1: 08 TARY OF STATE ASSEE, FLORIDA	D /EU
	for the following amount:			,,	
\$25.00 Filing Fe	ee \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fe Certificate of S Certified Copy (additional cop	Status &	

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

(Name of the Limited Liab	T SPORTS NUTRITION LLC  ility Company as it now appears on elida Limited Liability Company)	our records.)	<del></del>
The Articles of Organization for this Limited Liabilit	ty Company were filed on 01/17/2012	2	and assigned
Florida document number L12000007800			
This amendment is submitted to amend the following	g;		-
A. If amending name, enter the new name of the	limited liability company here:		
The new name must be distinguishable and end with the "L.L.C."  B. If amending the registered agent and/or re			
registered agent and/or the new registered office a	address here:		<del></del> 4
Name of New Registered Agent:		•	12 OCT SECRE
New Registered Office Address:	(Enter F	lorida street ada	ANNY P EE
		, Florida	
	(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 Title | <u>Name</u> <u>Address</u> Type of Action MGR FRANCELE SATO 2962 NW 60TH ST Add FORT LAUDERDALE, FL 33309 Remove Add Remove Add Remove Add Remove Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated OCTOBER 16 2012 Signature of a member or authorized representative of a member JOSE R ANSELMO Typed or printed name of signee

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