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J. SAULSBERRY EXAMINER

MAY 16 2012

COVER LETTER

Division of Co	porations				
SUBJECT: NUTC	Hion Experts,	LLC ted Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
	ondence concerning this matter	-			
r lease return an correspo	ordence concerning this matter	to the following.			
	Rache	Mohler Name of Person			
	Nutri	tion Experts, Ll	LC		
	6610 Cr	DOKED Creek Rd		6-7	
	Tallahas	See FL 32311 City/State and Zip Code	L A S	2012 MAY	
	Lh 03 E-mail address: (t	o be used for future annual report notifica	tion) 5.53	=	
For further information of	concerning this matter, please co	all:		24 89	
Rachel M	10hler of Person	at (<u>772) 643-31</u> Area Code & Daytime T	270 Telephone Number	22	
Enclosed is a check for t	he following amount:				
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Sta Certified Copy (additional copy	atus &	sed)

MAILING ADDRESS:

Registration Section

TO:

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

Nutrition Exper	ts, LLC			
Nutrition Exper- (Name of the Limited Liability Co. (A Florida Lin	ompany as it now appears on nited Liability Company)	our records.)		
The Articles of Organization for this Limited Liability Com- Florida document number <u>LT 2000 48837</u> .	npany were filed on 4/10	12012	and ass	igned
This amendment is submitted to amend the following:				
A. If amending name, <u>enter the new name of the limited</u>	d liability company here:			
The new name must be distinguishable and end with the words 'L.L.C."	"Limited Liability Company,"	the designation "LLC	" or the a	abbreviation
Enter new principal offices address, if applicable:		إميب. محاد		
Principal office address MUST BE A STREET ADDRES	<u>SS)</u>		<u> </u>	
		76	\$	Π
		9	£	С •
Enter new mailing address, if applicable:		<u> </u>	<u> </u>	[7]
Mailing address MAY BE A POST OFFICE BOX)			<u>ූ</u>	
			22	
B. If amending the registered agent and/or registeregistered agent and/or the new registered office address		records, enter the	name o	f the new
Name of New Registered Agent:				
New Registered Office Address:	Futne L	lorida street addres.		
	City	, Florida	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

Page 1 of 2

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 Type of Action Title Name 1 <u>Address</u> Rachel Mohler MGRM ☐ Add Remove ☐ Add Remove ☐ Add Remove \prod Add Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) ĊЪ Dated Signature of a member or authorized representative of a member Mohler
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00