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SECRETARY OF STATE  
TALLAHASSEE, FL 32310

J. SAULSBERRY  
EXAMINER

MAY 16 2012

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Nutrition Experts, 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:

Rachel Mohler

Name of Person

Nutrition Experts, LLC

Firm/Company

6610 Crooked Creek Rd

Address

Tallahassee, FL 32311

City/State and Zip Code

rlh03d@my.fsu.edu

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

For further information concerning this matter, please call:

Rachel Mohler

Name of Person

at (772) 643-3670

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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CLERK OF COURT

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Nutrition Experts, LLC

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Rachel Mohler	6610 Crooked Creek Rd Tallahassee, FL 32311	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

SECRETARY OF STATE  
TALLAHASSEE, FL 32399-0001

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Dated \_\_\_\_\_, \_\_\_\_\_.

Rachel Mohler  
 Signature of a member or authorized representative of a member  
Rachel Mohler  
 Typed or printed name of signee