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(Requestor's Name)	
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(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

CAPSALUS CONSUMER PRODUCTS 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:

STEVEN M GRUBNER
Name of Person
FORU HOLDINGS
Firm/Company
117 S COOK ST. #184
Address
BARRINGTON IL 60010
City/State and Zip Code
SGRUBNER@FORUHOLDINGS.COM

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

For further information concerning this matter, please call:

CTEV			HDA	
STE\	/ CIN	GR	UDI	

...847, 366-8058

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

CAPSALUS CONSUMER PRODUCTS LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

(A Florida Ellittica E	nability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L12000139738</u> .	were filed on 11/5/2012	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
FORU HOLDINGS LLC		
The new name must be distinguishable and end with the words "Limited Liab	ility Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		7.
		AHE S T
		SA I
Enter new mailing address, if applicable:	117 S COOK ST	SEA OU THE
(Mailing address MAY BE A POST OFFICE BOX)	#184	FS
Transmit water cas Train Bern 1 001 011 ICE BOTH	BARRINGTON IL 60010	RATE O
		<u>></u> -n
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here Name of New Registered Agent:	•	er the name of the
Maine of New Registered Agent.		
New Registered Office Address:	Enter Florida street address	
	Enter rioriaa sireet aaaress	
	, 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 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

Title Name Address Type of As MBR JONATHAN A MAYER 5720 LAGORCE DRIVE Add MIAMI BEACH, FL 33140 Remove Address Address MIAMI BEACH, FL 33140 Remove Address Address	MGR = M AMBR = A	lanager uthorized Member		
MIAMI BEACH, FL 33140 Remove Add Remove ALCARASSEE FLORIDA Remove Add Add Add Add Add Add Add A	<u>Title</u>	<u>Name</u>	Address Typ	e of Action
Add Remove Add Remove Add	MBR	JONATHAN A MAYER	5720 LAGORCE DRIVE _	Add
Remove			MIAMI BEACH, FL 33140	Remove
TALCART Add Add AHAS SEE: FLORIDA Remove				Add
OCT Remove AHASSEE, FLORIDA Remove				Remove
Remove			OC CRE AH	
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. If amending any other information, enter change(s) here: (Attach additional she	eets, if necessary.)	
	· · · · · · · · · · · · · · · · · · ·	
Effective date, if other than the date of filing: (The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more t the date this document is filed by the Florida Department of State)	(optional) han 90 days after	
Dated OCTOBER 2 2014		
Steven M. Subner		
Signature of a member or authorized representative of a men	mber	
Typed or printed name of signee	· · · · · · · · · · · · · · · · · · ·	_
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Page 3 of 3

Filing Fee: \$25.00