

L13000005848

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

FEB 26 2016

Y SUMMER

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** ASRIM SUPPLEMENTS, 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:

ALEXANDER TREYNKER

\_\_\_\_\_  
Name of Person

ASRIM SUPPLEMENTS, LLC

\_\_\_\_\_  
Firm/Company

6555 NW 9TH AVE STE 411

\_\_\_\_\_  
Address

FT LAUDERDALE FL 33309

\_\_\_\_\_  
City/State and Zip Code

ASRIMLLC@GMAIL.COM

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

For further information concerning this matter, please call:

ALEXANDER TREYNKER

561 503-8885  
at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
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**

ASRIM SUPPLEMENTS, LLC

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

The Articles of Organization for this Limited Liability Company were filed on 01/10/2013 and assigned  
Florida document number L13000005848.

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 contain 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)

ASRIM SUPPLEMENTS, LLC

6555 NW 9TH AVE STE 411

FT LAUDERDALE FL 33309

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

ASRIM SUPPLEMENTS, LLC

6555 NW 9TH AVE STE 411

FT LAUDERDALE FL 33309

**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:

ALEXANDER TREYNKER

New Registered Office Address:

6555 NW 9TH AVE STE 411

*Enter Florida street address*

FT LAUDERDALE

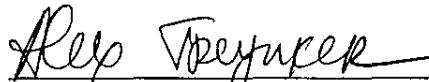
Florida 33309

*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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	MICHAEL TREYNKER	6555 NW 9TH AVE STE 411	<input checked="" type="checkbox"/> Add
		FT LAUDERDALE FL 33309	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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ALLIANCE  
FEB 23 16  
PM 2:45  
FLORIDA

ALL INFORMATION CONTAINED  
HEREIN IS UNCLASSIFIED  
DATE 11-27-01 BY 60322 UCBAW

16 FEB 23 PM 2:45  
REC'D HASTINGS FIELD

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated FEBRUARY 19 2016

Alex Treynier  
Signature of a member or authorized representative

ALEXANDER TREYNKER

Typed or printed name of signee