

413000019140

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

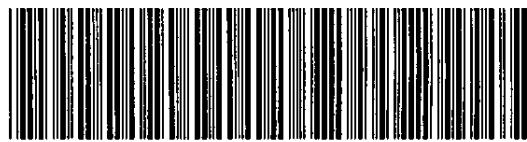
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE FLORIDA
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SEP 09 2013
D. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Total Body Sports Nutrition, 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:

Jason T. Paolini

Name of Person

Total Body Sports Nutrition, LLC

Firm/Company

9838 Old Baymeadows Rd

Address

Jacksonville FL 32256

City/State and Zip Code

Jason.Paolini@yahoo.com

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

For further information concerning this matter, please call:

Jason Paolini

Name of Person

at (904) 233-4282

Area Code & Daytime Telephone Number

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ATTORNEY GENERAL
TALLAHASSEE, FLORIDA

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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

(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 Feb 6 2013 and assigned Florida document number L13000019140.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Hope Same Name

The new name must be distinguishable and end with 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)**

n/a		2013 SEP - 6 PM 1:44
n/a		SEARCHED INDEXED SERIALIZED FILED DEPARTMENT OF STATE TALLAHASSEE, FLORIDA

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:

7/14

New Registered Office Address:

n/A

Enter Florida street address

—, Florida

City

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.

2 A
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

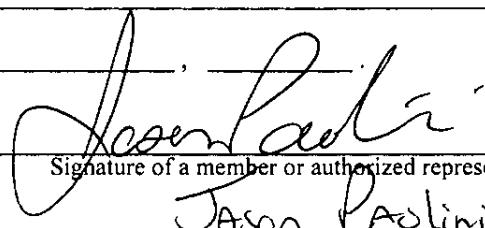
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Frank fragasser	5520 Moon Valley Dr Lakeland, FL, 33812	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
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TALLAHASSEE, FLORIDA
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated

8/28/13



Signature of a member or authorized representative of a member

JASON POLINI

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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SHERIFF'S OFFICE
TALLAHASSEE, FLORIDA

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