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COVER LETTER

TO:	Registration Sect Division of Corpo			
SUBJI	ECT:	Name of Limi	PORTS NUTLITION ted Liability Company	×
		mendment and fee(s) are sub-	_	
i içase	return an correspond	ience concerning this matter	to the following.	
		BRIAN	SILUERS Name of Person	
			Name of Person	
		TOTAL I	Firm/Company	1 RITION
		700 PXAA	OING BLUO SUTTE Address	<u> </u>
		<u>OPANCE</u>	PARK FL 37	2065
		R SILVER:	5 30 Q gmail. Com o be used for future annual report notifi	cation)
For fu	rther information cor	ncerning this matter, please ca	ıll:	
	BRIAN SILL Name of I	ERS Person	at (<u>714</u>) <u>926 - 94</u> Area Code Daytime	Telephone Number
Enclos	sed is a check for the	following amount:		
e \$2	15.00 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

TOTAL BODY STOLTS	NUTRATION
Name of the Limited Liability Compa (A Florida Limited I.	ny as it now appears on our records.) Dability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L1300019140</u> . This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	NA
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	AT/ABS 700 BLANDING BOUD SUFE 8 OFFICE PARK FO 32065
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	2:
Name of New Registered Agent: BRIA.	N SILVERS
New Registered Office Address: 700 B	Enter Florida street address
ORAM	N SILVERS SILANOMO RIVO Svite 8 Enter Florida street address SE DARK Florida 32065 City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agroprovisions of all statutes relative to the proper and complete	

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGML	JASON PAULINI	9838 DED BEYMEADOUS	<i>LD</i> □ Add
		7838 DED BRYMEADOUS DRISSONVIlle FL 32256	Remove
			Change
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<u>te:</u> If	the date inserted in t	this block does not	meet the applicable	ate of filing or more than 9 statutory filing require		
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