

L17000026554

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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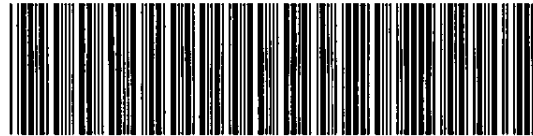
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **Nutricore, 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:

Adam B. Guercio, Esq.

Name of Person

Porter, Wright, Morris & Arthur LLP

Firm/Company

9132 Strada Place, Third Floor

Address

Naples, Florida 34108

City/State and Zip Code

aguercio@porterwright.com

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

For further information concerning this matter, please call:

Adam B. Guercio, Esq.

Name of Person

at (**239**) **593-2964**

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**

Nutricore, 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 02/20/2013 and assigned
Florida document number L13000026554.

This amendment is submitted to amend the following:

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

Custom Logo Promotions, LLC

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)

2727 Central Park Drive

Sarasota, Florida 34239

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2727 Central Park Drive

Sarasota, Florida 34239

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:

Adam B. Guercio, Esq

New Registered Office Address:

9132 Strada Place, Third Floor

Enter Florida street address

Naples

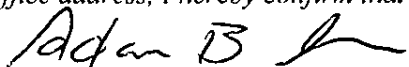
, Florida 34108

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 attending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

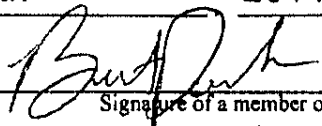
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>Zachary D. Albrecht</u>	<u>408 NE 6th Street</u>	<input checked="" type="checkbox"/> Add
		<u>Unit 321</u>	<input type="checkbox"/> Remove
		<u>Ft. Lauderdale, Florida 33304</u>	
<u>MGR</u>	<u>Brenton G. Powell</u>	<u>2727 Central Park Drive</u>	<input checked="" type="checkbox"/> Add
		<u>Sarasota, Florida 34239</u>	<input type="checkbox"/> Remove
<u>MGR</u>	<u>Colby Kailani Siljestrom</u>	<u>1111 SW 19th Place</u>	<input checked="" type="checkbox"/> Add
		<u>Gainesville, Florida 32601</u>	<input type="checkbox"/> Remove
<u>MGR</u>	<u>Cristos Ifantides</u>	<u>1249 Park Avenue</u>	<input checked="" type="checkbox"/> Add
		<u>Apt. 7A</u>	<input type="checkbox"/> Remove
		<u>New York, NY 10029</u>	
<u>MGR</u>	<u>Spencer Powell</u>	<u>222 N. OCALA ROAD</u>	<input type="checkbox"/> Add
		<u>Tallahassee, Florida 32304</u>	<input checked="" type="checkbox"/> Remove
<u>MGRM</u>	<u>Brenton Powell</u>	<u>25 Mimosa Drive</u>	<input type="checkbox"/> Add
		<u>Sarasota, Florida 34232</u>	<input checked="" type="checkbox"/> Remove

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

E. Effective date, if other than the date of filing: _____ (optional)
(If an effective date is listed, the date must be specific and cannot be more than 90 days after filing.) (605.0207 (3)(b))

Dated January 9th 2014



Signature of a member or authorized representative of a member
Brent Powell

Typed or printed name of signee

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Filing Fee: \$25.00

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STATE
FALLS
FEDERAL