L13000038158

(Requestor's Name)
(Address)
,
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Social National)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
CC+Cus

Office Use Only



100267387151

L13-38158 UCNC

12/30/14--01013--010 **60.00

FILED 16-DEC 30 PM 1:01 SECRETARY OF STATE VALLANASSEE, FLORIDA

JAN 13 2015 N. CAUSSEAUX

COVER LETTER

10:		istration Section is in the section of Corpo			•
SUBJE	CT.	Mark Soto	Enterprises LLC (to) M	ISE Nutrition LLC	
SCHIL	``		Name of Limite	d Liability Company	
			nendment and fee(s) are subm	-	
			Mark Soto: Owner		
				Name of Person	· · · · · · · · · · · · · · · · · · ·
			Mark Soto Enterprises	s LLC (to) MSE Nut	trition LLC
				Firm/Company	· · · · · · · · · · · · · · · · · · ·
			49 N. Federal Hwy., #	246	
				Address	
			Pompano Beach, FL	33062	
				City/State and Zip Code	
			marksoto88@gmail.co		
				be used for future annual re	port notification)
For furth	ner ir	nformation con-	cerning this matter, please call	:	
Mark :	Sot	D		361 290 at ()	-0132
		Name of P	erson	Area Code	Daytime Telephone Number
Enclosed	d is a	check for the	following amount:		
□ \$2 5.	00 F	iling 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

Mark Soto Enterprises 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 03/13/2013 Florida document number L13000038158 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: MSE Nutrition 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address Florida 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 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 = M AMBR = A	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
			Add
			□ Remove
			□ Add
			. □ Remove
			SEUR T
		-	Remove SECURITATE Add Add Add Add Add Add Add Add Add Ad
			S Remiève
			TE -
			Add
			□ Remove
			Add
			□ Remove
			□ Remove

,	· · · · · · · · · · · · · · · · · · ·
•	
	tura mara di Alaba
fecti	date, if other than the date of filing: Immediately (optional) we date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after is document is filed by the Florida Department of State)
fecti ate th	we date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after
ffecti	we date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after is document is filed by the Florida Department of State)
ffecti ate th	we date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after

Page 3 of 3

Filing Fee: \$25.00

14 DEC 30 PH 1:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA