

213000075344

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : METRO BUSINESS AGENCY, INC.  
Account Number : I20080000101  
Phone : (239) 466-8600  
Fax Number : (239) 275-0865

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TALLAHASSEE, FLORIDA

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\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: MONIKA@metroinsurancefl.com

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TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
NUTRITREATS, L.L.C.

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T. Burch FEB 27 2014

**COVER LETTER**

TO: Registration Section  
Division of Corporations

SUBJECT: **NUTRITREATS, L.L.C.**

Name of Limited Liability Company

The enclosed Articles of Amendment and fec(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

**HANNA SRODA**

Name of Person

**METRO BUSINESS AGENCY INC**

Firm/Company

**15200 S TAMiami TRAIL 117**

Address

**FORT MYERS, FL 33908**

City/State and Zip Code

**ICARDOSO@METROINSURANCEFL.COM**

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

For further information concerning this matter, please call:

**HANNA SRODA**

Name of Person

at **239 466-8600**

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

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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**

**NUTRITREATS, L.L.C.**

(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 05/23/2013 and assigned  
Florida document number L13000075344.

This amendment is submitted to amend the following:

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

**NUTRITREATS BAKERY LLC**

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "L.L.C." 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)**

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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:

New Registered Office Address:

Enter Florida street address

City, 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**

(THU)FEB 27 2014 10:03/ST. 10:02/No. 9160170259 P 4

**MGR = Manager**  
**AMBR = Authorized Member**

Title	Name	Address	Type of Action
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TALLAHASSEE, FLORIDA

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

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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)  
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated FEBRUARY 20TH, 2014



Signature of a member or authorized representative of a member

CHRISTIAN O'ROURKE

Typed or printed name of signer

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