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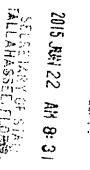
. (Re	equestor's Name)	
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PICK-UP	WAIT	MAIL
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COVER LETTER

то:	Registration Se Division of Cor			
SUBJE		RING NUTRIENTS LLC		
30032	CI	Name of Lim	ited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please r	eturn all correspo	ndence concerning this matter	to the following:	
		JAMES M SOLDAVINI		
		Name of Person MATTHEW JOHN SOLDAVINI, P.A. Firm/Company 791 10TH ST. S., STE. 301 Address NAPLES, FL 34102		
		MATTHEW JOHN SOLD	AVINI, P.A.	
			Firm/Company	
		791 10ŤH ST. S., STE. 30	1	
			Address	
		NAPLES, FL 34102		
			City/State and Zip Code	
				eation)
For furt	her information co		·	Salion)
JAMES	M SOLDAVINI		239 262-7230 at ()	
	Firm/Company 791 10TH ST. S., STE. 301 Address NAPLES, FL 34102 City/State and Zip Code JAMES@SWFLACPA.COM E-mail address: (to be used for future annual report notification) or further information concerning this matter, please call: AMES M SOLDAVINI 239 262-7230			
Enclose	d is a check for th	e 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

EMPOWERING NUTRIENTS LLC		
(Name of the Limited Liability Compa (A Florida Limited I.	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L13000081574 This amendment is submitted to amend the following:	were filed on 06/05/2013	and assigned
A. If amending name, enter the new name of the limited liabi	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	791 10TH ST. S. STE. 301	he abbreviation "L.L.C."
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	791 10TH ST. S. STE. 301 NAPLES, FL 34102	20
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	fice address on our records, en	ter the name of the new
Name of New Registered Agent: New Registered Office Address:		AH & C
	Enter Florida street address	
	, Florida	1
	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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	MURPHY, JAMES T	1150 CENTRAL AVE.	☐ Add
		NAPLES, FL 34102	■ Remove
			Change
MGR	PERLMUTTER, DAVID M.D.	1150 CENTRAL AVE.	= Add
		NAPLES, FL 34102	□ Remove
			□ Change
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Effective date, if other than the date of filing:(option	naB_	00	Para.
If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after f	iling.)Pu	TT of Igayer	605.0207 (
Effective date, if other than the date of filing:	iate Will	I n ot be	listed as
the record specifies a delayed effective date, but not an effective time, at 12:01 a.	m. on	the ea	ırlier of:
The 90th day after the record is filed.			
Dated \(\lambda \(\lambda \) \(\lambda \) \(\lambda \)			
,			
Signature of a member or authorized representative of a member			-
Signature of a member of authorized representative of a member	1		٨
DR. DAVID PERLMUTTER		11	7)
) /	100	/

Page 3 of 3

Filing Fee: \$25.00