## L13000115582

(Re	equestor's Name)	
(Ad	idress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Bu	usiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to		
	)	J. 6,30.18

Office Use Only



400317443334

08/24/18--01011--030 ++25.00

## **COVER LETTER**

TO: Registration Division of	n Section Corporations			
4 U NU SUBJECT:	JTRITION			
	Name of Lin	nited Liability Company		
The enclosed Articles	s of Amendment and fee(s) are suf	omitted for filing.		
Please return all com	espondence concerning this matter	to the following:		
	JAMES M STEVENSON	N AMBR		
	4 U NUTRITION LLC	Name of Person		-
	<del></del>	Firm-Company	<del></del>	_ 
	1138 W GRANADA BLV	/D		18 NG 24 ALL ANASS
	ORMOND BEACH, FL	Address 32174		
	JAMES.STEVENSON23	City/State and Zip Code 29@GMAIL.COM		A S S S S S S S S S S S S S S S S S S S
		to be used for future annual report notifi	cation)	
	on concerning this matter, please c	rall;		•
JAMES STEVENS	ON	386 366-0049		
Nar	ne of Person	Area Code Daytime	Telephone Numbe	r
linclosed is a check f	or the following amount:			
■ 825.00 Filing Fee	: □ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ate of Status &
Reg Div	AILING ADDRESS: gistration Section usion of Corporations D. Box 6327	STREET/COURIE Registration Section Division of Corpora Clifton Building		

Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## TO ARTICLES OF ORGANIZATION OF

4 U NUTRITION		
(Name of the Lin	ited Liability Company as it now app (A Florida Limited Liability Compan	Dears on our records.)
The Articles of Organization for this Limited   Florida document number L13000115582	Liability Company were filed on	08/15/2013 and assigned
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name	of the limited liability company	<u>here</u> :
The new name must be distinguishable and centain the	words "Limited Liability Company," tl	ne designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>
Enter new mailing address, if applicable:		HASSE TO BE
Mailing address MAY BE A POST OFFICE	<u> </u>	E. F. S.
B. If amending the registered agent and registered agent and/or the new registered of	l/or registered office address office address here:	on our records, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	501 N RIDGEWOOD AVE S	STE F
	Enter F	Florada street address
	EDGEWATER	, Florida <sup>32132</sup>
	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

Page 1 of 3

## or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	DEBBIE BURR	45 MARJORIE TRAIL ORMOND BEACH, FL 32174	
			U Add
			■ Remove
			☐ Change
AMBR	JAMES M STEVENSON	10 SHARON TERRACE ORMOND BEACH, FL 32174	
			□ Remove
			Add
			AH ASA CONTROL Remove
			Ma & IT
			FLORID
			DR Add
			□ Remove
			Change
			D Change
		<del></del>	Add
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			□ Remove
			Change

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- ( Contraction )				
		Simple	moleen.	
Signature of a member or authorized representative of a member		Signature of a r	nemoci of aumorized representative of a mer	mber
JAMES M STEVENSON  Typed or printed name of signee		JAMES M STEVENSON	JAMES TEVENSO	

Page 3 of 3

Filing Fee: \$25.00