

L13000 1105221

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

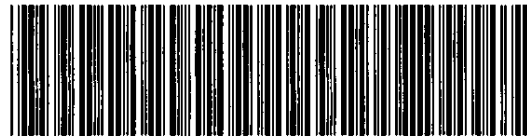
(Business Entity Name)

(Document Number)

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TALLAHASSEE FLORIDA

DEC 09 2013

CLERK OF STATE

COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: Total Nutrition
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:

General Mickens Jr
Name of Person

Total Nutrition
Firm/Company

445 1st Ave North
Address

St. Petersburg FL 33710
City/State and Zip Code

gmickens62@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

General Mickens at (727) 482 9395
Name of Person Area Code & Daytime Telephone Number

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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**

Total Nutrition

(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 November 25, 2013 and assigned Florida document number L13000165221.

This amendment is submitted to amend the following:

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

Nutribuzz 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)

445 1st Ave North
St. Petersburg FL
33710

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

708 12th Ave South
St. Petersburg FL
33701

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TALLAHASSEE
FLORIDA

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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

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 608, 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 Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	General Mickers Jr	708 12th Ave South	<input checked="" type="checkbox"/> Add
		St. Petersburg FL	<input type="checkbox"/> Remove
		33701	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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TALLAHASSEE FLORIDA

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

Dated December 4, 2013.



Signature of a member or authorized representative of a member

General Mickens Jr

Typed or printed name of signee

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Filing Fee: \$25.00

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