# L13000171269

(Re	equestor's Name)		
(Ac	idress)		
(Ac	idress)		
(Ci	ty/State/Zip/Phone #	)	
PICK-UP	☐ WAIT	MAIL	
(Bu	usiness Entity Name)	)	
(Document Number)			
Certified Copies	Certificates of	Status	
Special Instructions to Filing Officer:			





700283588477

03/21/16--01019--002 \*\*25.00

2016 MAR 21 P 1:58

MAR 2 2 2016

S MASON

### **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: FLORIDA DIETITIAN, LLC  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:
ANDREA N FERNANDEZ  Name of Person
FLORIDA DIETITIAN, LLC
(0204 Anhinga Place
Tampa, FL 33615  City/State and Zip Code  He floridadietitian @ gmail. Com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Andrea Fernandez at (813) 293-3341  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & Certificate of Status \$\Bigcup \$55.00 Filing Fee & Certificate of Status \$\Bigcup \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)  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

## TO ARTICLES OF ORGANIZATION OF

FLORIDA DIETITIAN, LLC	
(Name of the Limited Liability Company as it now appears on our records.)  (A Florida Limited Liability Company)	ļ
The Articles of Organization for this Limited Liability Company were filed on 12/11/2013 and assign Florida document number L/300017/249.	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.	.C."
Enter new principal offices address, if applicable: 6204 ANHINGA PLACE	
(Principal office address MUST BE A STREET ADDRESS) TAMPA, FL 33015	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  (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 registered agent and/or the new registered office address here:	of the nev
Name of New Registered Agent: ANDREA N FERNANDEZ	
New Registered Office Address: (1204 Anninga Place  Enter Florida street address	
Tampa, Florida 33615	<u> </u>

#### 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

## or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			Add
			Remove
			☐ Change
	<del></del>		Add
			Remove
		<del></del>	☐ Change
			Add
			□ Remove
<del></del>			Add
			□ Remove
			☐ Change
			Add
			Remove
		<del> </del>	Change
			NO P
			HAR 2 Add SET FLORIDA  Change
			□ Change

•			
•			
•			
•			
•			
•			
•			
•			
		<del></del>	-
			-
E. Effec	tive date, if other than the date of filing:	(optional)	
Note:	tive date, if other than the date of filing:  fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 day.  If the date inserted in this block does not meet the applicable statutory filing requirement nent's effective date on the Department of State's records.	ys after filing.) Pursuant to 60: ts, this date will not be list	5.0207 (3)(b) ed as the
	cord specifies a delayed effective date, but not an effective time, at 12 e 90th day after the record is filed.	:01 a.m. on the earli	er of:
Dated	March 18 , 2016.		
	Signature of a member or authorized representative of a member	20 M	
	Andrea N Fernandez  Typed or printed name of signee	AR 2	
	Typed or printed name of signee		
	Page 3 of 3	I: 59	
	Filing Fee: \$25.00		