(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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(Document Number)
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1/11/2003

COVER LETTER

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations

TO:

SUBJECT: Nutricercise	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for tiling.	
Please return all correspo	ndence concerning this matter	to the following:	
	Bruce L Thomas		
		Name of Person	
		Firm/Company	
	PO Box 2724	Address	
	Valrico, FL 33595	Addition	
	vanico. 1 to 55572	City/State and Zip Code	
	doctorbrucethomas@yahoo	.com	
	E-mail address: (to be used for future annual report notif	ication)
For further information c	oncerning this matter, please ea	all:	
Bruce L Thomas		at (813) 244-9164	
Name o	f Person	at (<u>813</u>) <u>244-9164</u> Area Code Daytime	Telephone Number
Enclosed is a check for th	ne following amount:		
■ \$25.00 Filing Fee	S30,00 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 S		Street Address: Registration Sec	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2023 JAN 17 AM 9:58

Nutricercise Florida, LLC		COCC OF STARTE
(<u>Name of the Limited Liabil</u> (A Florid	lity Company as it now appears on our records la Limited Liability Company)	TALLAHASSEE. FL
The Articles of Organization for this Limited Liability C	Company were filed on 12-17-13	and assigned
Florida document number L13000173904	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
Nutricercise, LLC		
The new name must be distinguishable and contain the words "Lit	nited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STR <u>EET ADD</u>	RESS)	
18		
	,	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
-		
B. If amending the registered agent and/or registere		the name of the new registe
agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
		orida
	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 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
AMBR	Susan Price	3419 Pine Trace Circle, Bldg. # 17	∐Add
		Valrico, FL 33596	≅ Remove
			□Change
			□ Add
			□Remove
			□Change
			🗀 Add
			□Remove
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			□ Add
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an eff iote:	ive date, if other than the date of filing:
recor i is ti	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
ated	January 12, 2023
	Signature of a member or authorized representative of a member
	Bruce I. Thomas