

L140000128/6

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

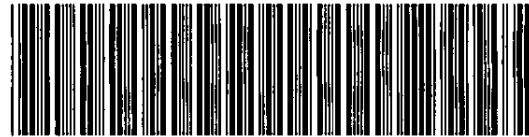
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06/02/14--01003--009 **25.00

FILED
14 JUN -2 PM 4:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

EFFECTIVE DATE

6/12/14

JUN 16 2014

S. YOUNG

W114-36360

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Prime ONE Nutrition LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following.

Frankiana Bencasme

Name of Person

Firm/Company

9742 W Sample Rd

Address

Coral Springs FL 33065

City/State and Zip Code

primenutritionfl@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Frankiana Bencasme

Name of Person

at (954) 592-2720

Area Code

Daytime Telephone Number

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
Chilton Building
2661 Executive Center Circle
Tallahassee, FL 32301

FILED
14 JUN -2 PM 4:30
TALLAHASSEE, FL
SECRETARY OF STATE



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 11, 2014

FRANKIANA BENCOSME
9742 W SAMPLE RD
CORAL SPRINGS, FL 33065

SUBJECT: PRIME ONE NUTRITION LLC
Ref. Number: W14000036360

We have received your document for PRIME ONE NUTRITION LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FOREIGN LIMITED LIABILITY COMPANY, but your entity is a . Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Shelia H Young
Regulatory Specialist II

Letter Number: 814A00012660

FILED
14 JUN -2 PM 4:39
SECRETARY OF STATE
TALLAHASSEE, FL 32310

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Prime One Nutrition LLC

(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 1/23/14 and assigned
Florida document number L14000612814

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 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)

Frankiana Benasme
9742 W Sample Road
Coral Springs, FL 33065

Enter new mailing address, if applicable:

(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 the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Frankiana Benasme

New Registered Office Address:

9742 W Sample Road

Enter Florida street address

Coral Springs

City

Florida

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.

Frankiana Benasme

If Changing Registered Agent, Signature of New Registered Agent

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TALLAHASSEE
JUN 17 2 43 PM '14
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If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

Title	Name	Address	Type of Action
-------	------	---------	----------------

MGR	Frankiana, Perceira	4320 Coral Springs Dr	<input checked="" type="checkbox"/> Add
		Coral Springs, FL 33066	<input type="checkbox"/> Remove

MGR	Alexandra, Labarr	10247 NW 53RD CT	<input type="checkbox"/> Add
		Coral Springs, FL 33076	<input checked="" type="checkbox"/> Remove

MGR	Andreae, Labarr	10247 NW 53RD CT	<input type="checkbox"/> Add
		Coral Springs, FL 33076	<input checked="" type="checkbox"/> Remove

AMBR	Michael, Alvarado	4320 Coral Springs Dr	<input checked="" type="checkbox"/> Add
		Coral Springs, FL 33065	<input type="checkbox"/> Remove

MGR	Valdemiro, Silva	6167 NW 40th STREET	<input checked="" type="checkbox"/> Add
		Coral Springs, FL 33067	<input type="checkbox"/> Remove

			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
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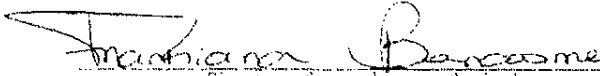
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: 6/12/2014 (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 6-12-2014



Signature of a member or authorized representative of a member

Frankiana Bencasme

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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14 JUN -2 11 16 30
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