

L14000034099

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600293876226

01/12/17--01004--015 **25.00

FILED

17 JAN 12 AM 10:47

DIVISION OF REVENUE, 601 N. 1ST ST.

O SIMMONS
JAN 13 2017

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Level 10 Nutrition, 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:

Brian Buschmann

Name of Person

Buschmann Solutions, LLC

Firm/Company

3550 Esplanade Way, APT 8313

Address

Tallahassee, FL 32311

City/State and Zip Code

bbuschmann4@gmail.com

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

For further information concerning this matter, please call:

Brian Buschmann

850 896-7946
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

Level 10 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 02/28/2014 and assigned
Florida document number L14000034099

This amendment is submitted to amend the following:

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

Buschmann Solutions, LLC

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:

(Principal office address MUST BE A STREET ADDRESS)

3550 Esplanade Way, APT 8313

Tallahassee, FL 32311

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3550 Esplanade Way, APT 8313

Tallahassee, FL 32311

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:

3550 Esplanade Way, APT 8313

Enter Florida street address

Tallahassee

, Florida 32311

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

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>	<u>Address</u>	<u>Type of Action</u>
MGR	Brian Buschmann	3550 Esplanade Way APT 8313	<input type="checkbox"/> Add
		Tallahassee, FL 32311	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	Brittany Buschmann	3550 Esplanade Way APT 8313	<input type="checkbox"/> Add
		Tallahassee, FL 32311	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

317 JAN 12 PM 10:17
 REVISION OF 2-1-2012

FILED

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

17 JAN 12 AM 10:41
Division of Investigation

1. The first part of the document is a title page. It contains the title "THE HISTORY OF THE UNITED STATES OF AMERICA" and the author's name "BY JAMES MADISON".

E. Effective date, if other than the date of filing: 01/10/2017 (optional)


(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated January 8th 2017


Signature of a member

Signature of a member or authorized representative of a member

Brian Buschmann

Typed or printed name of signee