

L14000034291

(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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2015 FEB 26 PM 3:00

CLERK OF STATE
TALLAHASSEE, FLORIDA

MAR 09 2015



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 6, 2015

DANIEL PEREZ
1920 NW 137TH WAY
PEMBROKE PINES, FL 33028

SUBJECT: FXSPORTSNUTRITION, LLC
Ref. Number: L14000034291

We have received your document for FXSPORTSNUTRITION, 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):

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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.

Deborah Bruce
Regulatory Specialist II

Letter Number: 115A00002570

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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

FXSPORTSNUTRITION

(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 L14000034291.

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:

2841 SW 175th Ave

(Principal office address MUST BE A STREET ADDRESS)

Miramar, FL 33029

Enter new mailing address, if applicable:

2841 SW 175th Ave

(Mailing address MAY BE A POST OFFICE BOX)

Miramar, FL 33029

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 605, F.S. Or, if this document is being filed merely to 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 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

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|-----------------|--------------------------|--|
| AMBR | Daniel H. Perez | 1920 NW 137th Way | <input type="checkbox"/> Add |
| | | Pembroke Pines, FL 33028 | <input checked="" type="checkbox"/> Remove |
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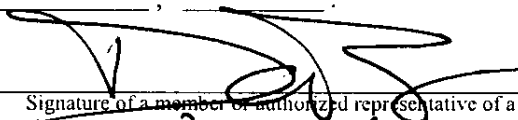
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 TALLAHASSEE FL 32304

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: _____ **(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 _____



Signature of a member or authorized representative of a member

Daniel Perez

Typed or printed name of signee

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Filing Fee: \$25.00

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2016 FEB 26 PM 3:00
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TALLAHASSEE FLORIDA