Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Account Name : ELLISON LAZENBY Account Number : 120150000059

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**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

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LLC AMND/RESTATE/CORRECT OR M/MG RESIG FIVE PERCENT NUTRITION, LLC

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FIVE PERCENT NUTRITION, LLC	Hity Commany as it pow appears on our records.)
(A Flo	Milty Company as it now appears on our records.) rida Limited Liability Company)
The Articles of Organization for this Limited Liability Florida document number <u>L14000050120</u>	Company were filed on 03/26/2014 and assigned
This amendment is submitted to amend the following	•
A. If amending name, enter the new name of the li	
The new name must be distinguishable and contain the words "I	imited 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 AD	DRESSI
Enter you mailing address if annicable	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
Middles MAT BE A POST OFFICE BOX	
B. If amending the registered agent and/or re- registered agent and/or the new registered office a	gistered office address on our records, enter the name of the iddress here:
Name of New Registered Agent:	
registered agent and/or the new registered office a	ldress here:
registered agent and/or the new registered office at Name of New Registered Agent:	Enter Florida street address
Registered agent and/or the new registered office at Name of New Registered Agent:	ddress here:
registered agent and/or the new registered office as Name of New Registered Agent: New Registered Office Address:	Enter Florida street address , Florida City Zip Code
Name of New Registered Agent: New Registered Office Address: New Registered Office Address: New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered ages provisions of all statutes relative to the proper and accept the obligations of my position as registered being filed to merely reflect a change in the registered	Enter Florida street address Florida City Zip Code red Asent: Int and agree to act in this capacity. I further agree to comply with a complete performance of my duties, and I am familiar with and agent as provided for in Chapter 605, F.S. Or, if this document is ared office address, I hereby confirm that the limited liability is.
Name of New Registered Agent: New Registered Office Address: New Registered Office Address: New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and accept the obligations of my position as registered	Enter Florida street address Florida City Zip Code red Asent: Int and agree to act in this capacity. I further agree to comply with a loomplete performance of my duties, and I am familiar with and agent as provided for in Chapter 605, F.S. Or, if this document is ared office address, I hereby confirm that the limited liability is.
Name of New Registered Agent: New Registered Office Address: New Registered Office Address: New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered ages provisions of all statutes relative to the proper and accept the obligations of my position as registered being filed to merely reflect a change in the registered	Enter Florida street address Florida City Zip Code red Asent: Int and agree to act in this capacity. I further agree to comply with a complete performance of my duties, and I am familiar with and agent as provided for in Chapter 605, F.S. Or, if this document is ared office address. I hereby confirm that the limited liability is. If Changing Registered Agent, Signature of New Registered Agent Page 1 of 3

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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>	Name	Address	Type of Action
MGR	DEBRA JANE PIANA	527 D STREET	₩ Add
		CLEARWATER, FL 33756	□ Remove
			☐ Change
MGR	RICH PIANA	17616 ROMAR STREET	Add
		NORTH RIDGE, CA 91325	. Remove
			Change
			D Add
			☐ Remove
			☐ Change
			CI Add
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			Getobe	r 8, 2015		(optional)	
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t If	date, if other than ve date is listed, the date the date inserted in thi	s block does n	ot meet the app	icable statutory fil	ng requiremen	iz, um ance i	
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i if	the date inserted in thi	s block does n e Department yed effectiv	of State's reconducted date, but r	icable statutory fil le	ng requiremen		on the carlier
: If ment ::cor e 90	the date inserted in this 's effective date on the d specifies a dela	s block does n e Department yed effectiv	of State's reconducted date, but r	icable statutory fil le	ng requiremen		on the earlier
: If ment ::cor e 90	the date inserted in this is effective date on the date on the date of the date of the day after the	s block does n e Department yed effectiv	of meet the appl of State's recon re date, but r ed.	icable statutory fil le	ng requiremen		on the earlier
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