

L14000050120

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE
DEC 28 2016

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FIVE PERCENT 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:

PETER MYC
Name of Person

FIVE PERCENT NUTRITION, LLC
Firm/Company

8285 BRYAN DAIRY ROAD, SUITE 190
Address

LARGO, FL 33777-1350
City/State and Zip Code

Amin@5PERCENTNUTRITION.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PETER MYC at (727) 202 9088
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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

FIVE PERCENT 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 3/26/2014 and assigned Florida document number L14000050120.

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 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)

8285 BRYAN DAIRY RD, SUITE 190
LARGO, FL 33777-1350

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

8285 BRYAN DAIRY RD, SUITE 190
LARGO, FL 33777-1350

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:

8285 BRYAN DAIRY RD, SUITE 190
Enter Florida street address
LARGO, Florida 33777
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>
			<input type="checkbox"/> Add
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2018 DEC 23 3:17
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

2016 DEC 23 PD 3
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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2016 DEC 23 PM 3:24
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

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.

Dated DECEMBER 19TH, 2016


Signature of a member or authorized representative of a member

PETER H. Y. C., MEMBER OF PCHY, LLC, MEMBER
Typed or printed name of signee