

L14000058974

(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



500258280425

04/16/14--01022--002 **25.00

FILED

2014 APR 16 PM 1:45

CLERK OF STATE
TALLAHASSEE, FLORIDA

APR 18 2014

D. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **NUTRISICS L.L.C.**

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:

RUSSELL GINIGER

Name of Person

Firm/Company

1451 WEST CYPRESS CREEK ROAD STE 300

Address

FORT LAUDERDALE, FL 33309

City/State and Zip Code

russginiger@gmail.com

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

For further information concerning this matter, please call:

RUSSELL GINIGER

Name of Person

at

(908) 208-7421

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

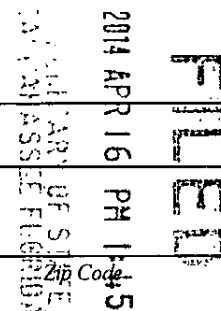
STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

FILED
2014 APR 16 PM 1:45
TALLAHASSEE FLORIDA
CLERK OF STATE

NUTRISICS L.L.C.

Page 1 of 3



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>
MGR	RUSSELL GINIGER	1451 WEST CYPRESS CREEK ROAD STE 300	<input checked="" type="checkbox"/> Add
		FORT LAUDERDALE FL 33309	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

2008 APR 16 PM 1:44
CLERK OF STATE
TALLAHASSEE FLORIDA

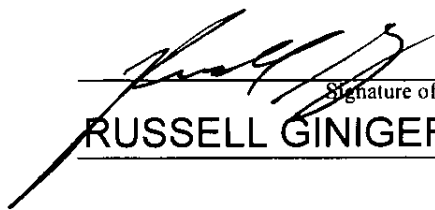
FILED

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 4/14, 2014



Signature of a member or authorized representative of a member

RUSSELL GINIGER

Typed or printed name of signer

Page 3 of 3

Filing Fee: \$25.00

FILED
2014 APR 16 PM 1:45
CLERK OF STATE
TALLAHASSEE FLORIDA