L140000589774

(Re	questor's Name)	
(Ad	dress)	 -
(Ad	dress)	
(Cit	y/State/Zip/Phone	; #)
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(Do	cument Number)	
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APRIL 8 2014 J. BRUCE

COVER LETTER

Division of Corp					
SUBJECT: NUT	RISICS L.L.C.				
SUBJECT:		ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.			
Please return all correspon	ndence concerning this matter	to the following:			
	RUSSELL G	SINIGER			
		Name of Person			
		Firm/Company			
	1451 WEST CY	PRESS CREEK ROA	D STE 300		
		Address	-	2014	
	FORT LAUE	DERDALE, FL 33	309	IA APR	
		City/State and Zip Code		· 3	THE PARTY
	russginiger@gma			SSES SACE	(424)
		to be used for future annual report notifi	cation)		E man
For further information co	oncerning this matter, please co	all:		STATE STATE	"Fast
RUSSELL (GINIGER	_{at} 908, 208-74	421	^ന ്ധ വ	
Name of	Person	Area Code Daytime	Telephone Number		
Enclosed is a check for th	e following amount:				
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &	

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

NUTRISICS L.L.C.		
(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 04/10/2014 Florida document number L14000058974	and a	assigned
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 Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	abbreviation	"L.L.C."
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office address on our records, enter	r the nam	e of the nev
registered agent and/or the new registered office address here:		281
Name of New Registered Agent:	<u> </u>	
New Registered Office Address:	٠ <u>٠</u> ٠٤٠٠٠٠٠	5
Enter Florida street address	ارب لد. انتاب	P M
, Florida		-

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.

City

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, <u>enter the title</u>, <u>name</u>, <u>and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	RUSSELL GINIGER	1451 WEST CYPRESS CREEK ROAD STE	300
		FORT LAUDERDALE FL 333	809 ☐ Remove
	•		<u></u>
			Add
			□ Remove
			
			Add
			□ Remove
			Remove
			PR 16
			Add Add Remove
			Add
			Remove
			_

).	If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	•
,	Effective date, if other than the date of filing:
	Dated 4/14 , 2014 .
	Signature of a member or authorized representative of a member
	RUSSELL GINIGER
	Typed or printed name of signee

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Filing Fee: \$25.00

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