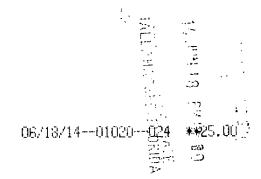
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TO:

Registration Section **Division of Corporations**

■ \$25.00 Filing Fee

WORLDWIDESPORTSNUTRITION,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:

	Name of Person
	Firm/Company
	2841 SW 175TH AVE
	Address
	MIRAMAR, FL 33029
	City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
For further informati	on concerning this matter, please call:
GUTIERF	REZ, CHRISTIAN _{at (} 786 ₎ 393-4544
Na	me of Person Area Code Daytime Telephone Number

□ \$55.00 Filing Fee &

Certified Copy

(additional copy is enclosed)

MAILING ADDRESS:

□ \$30.00 Filing Fee &

Certificate of Status

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

□ \$60.00 Filing Fee,

Certified Copy (additional copy is enclosed)

Certificate of Status &

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WORLDWIDESPORTSNUTRITION,LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

	04/05/0014		
The Articles of Organization for this Limited Liability Company we	re filed on <u>04/25/2014</u>	and assig	gned
Florida document number L14000067673			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability	<u>company here</u> :		
The new name must be distinguishable and end with the words "Limited Liability	Company," the designation "LLC" or the a	bbreviation "L.l	L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
<u> </u>			
Enter new mailing address, if applicable:		•	
(Mailing address MAY BE A POST OFFICE BOX)			
_			
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	address on our records, enter	the name of	f the nev
required agent and/or the new registered office address nere.	· ,		
Name of New Registered Agent:	·		
		The second secon	
New Registered Office Address:	Enter Florida street address	75 75 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	•
		(f) (20	
	, Florida	Zip Code	
New Registered Agent's Signature, if changing Registered Agent:		Zip Code	' === i *.'
I hereby accept the appointment as registered agent and agree t	o got in this cangaity. I further ago	977 (d)	a with the
provisions of all statutes relative to the proper and complete per			
accept the obligations of my position as registered agent as pro-	pided for in Chapter 605, F.S. Or,	if this docum	ient is
being filed to merely reflect a change in the registered office add company has been notified in writing of this change.	tress, I hereby confirm that the lim	uted liability	,

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>	Name	Address	Type of Action
AP	GUTIERREZ, CHRISTIAN	2841 SW 175TH AVE	
		MIRAMAR, US 33029	■ Remove
AMBR	GUTIERREZ, CHRISTIAN	2841 SW 175TH AVE	= Add
		MIRAMAR, US 33029	□ Remove
			Remove
			· ·
		::0819A	☐ Add / — (
	<u></u>		□ Add
			Remove

D.	f amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	•
	ffective date, if other than the date of filing: (optional) he effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after he date this document is filed by the Florida Department of State)
	JUNE 06 , 2014
	X11-11-11
	Signature of a member or authorized representative of a member
	GUTIERREZ, CHRISTIAN
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00