

L140000 84644

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

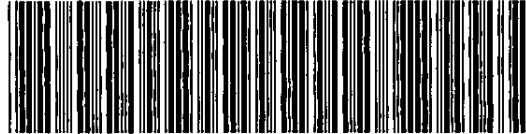
(Business Entity Name)

(Document Number)

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FILED
15 APR 21 PM 1:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers APR 29 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BMORE ATHLETIC 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:

RODRIGO INACIO

Name of Person

BMORE ATHLETIC NUTRITION, LLC

Firm/Company

2205 NW 167 AVE, #205

Address

PEMBROKE PINES, FL 33028

City/State and Zip Code

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

For further information concerning this matter, please call:

RODRIGO INACIO

Name of Person

at (954) 534-2714

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

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

BMORE ATHLETIC 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 MAY 27, 2014 and assigned Florida document number L14000084644

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

- unchanged -

The new name must be distinguishable and end with 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)

- unchanged -

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 the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

- unchanged -

New Registered Office Address:

Enter Florida street address

, Florida

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.

N.A. / N.C.

If Changing Registered Agent, Signature of New Registered Agent

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TALLAHASSEE, FLORIDA
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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	JOSE LIMA, HAMILTON	2205 NW 167 AVE PEMBROKE PINES FL 33028	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	INACIO, RODRIGO	2205 NW 167 AVE, #205 PEMBROKE PINES, FL 33028	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
AMBR	INACIO, RODRIGO	2205 NW 167 AVE #205 PEMBROKE PINES, FL 33028	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	JUAN MONGRIO	2205 NW 167 AVE #205 PEMBROKE PINES FL 33028	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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TALLAHASSEE, FLORIDA

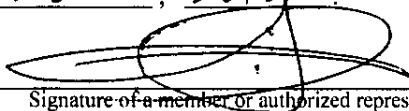
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

THIS FILING IS TO CORRECT AN
UNAUTHORIZED ANNUAL REPORT FILED
APRIL 11, 2015 WHICH FALSELY NAMED
JOSE HAMILTON LIMA AS "OWNER," AND
TO CLARIFY THAT JOSE HAMILTON LIMA IS UNAUTHORIZED.

E. Effective date, if other than the date of filing: IMMEDIATELY (APRIL 21, 2015) (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 APRIL 20, 2015



Signature of a member or authorized representative of a member

RODRIGO INACIO

Typed or printed name of signee

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Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA

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