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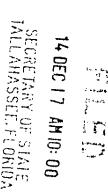
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COVER LETTER

TO: Re	egistration Se ivision of Cor	ction porations 🌝 🄞 🕚	e va kila yla	
SUBJECT		Bio	Nutra, LLC	
SUBJECT	•	Name of Lim	ited Liability Company	
The enclose	ed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please retui	rn all correspo	ndence concerning this matter	to the following:	•
			Carmen Komro	
			Name of Person	Marie
			BioNutra, LLC	
		-	Firm/Company	
		7603	Newport Bay Drive, E	
			Address	
		In	dianapolis, IN 46240	
			City/State and Zip Code	
	•		ckomro@gmail.com to be used for future annual report	
For further	information co	oncerning this matter, please ca	•	notification)
	Michele N		813 at (205-7148
	Name of	Person		rtime 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)	□ \$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

	Biol	Nutra, LLC			
(<u>N</u> E	ime of the Limited Liability Co (A Florida Lim	ompany as it now appe	ears on our records.)		
	(A rionua Em	med Liability Company	,		
The Articles of Organization for t	his Limited Liability Comp	pany were filed on _	November 17, 20	014 and assig	med
~	4000177598				
·lorida document number	· · · · · · · · · · · · · · · · · · ·				
This amendment is submitted to a	mend the following:		•		
A. If amending name, enter the	new name of the limited	liability company	<u>here</u> :		
	Madison S	Steele, LLC			
The new name must be distinguishable	and end with the words "Limited	d Liability Company," tl	he designation "LLC" or th	e abbreviation "L.L	J.C."
Enter new principal offices add	ress if annlicables				
• •					
Principal office address MUST	<u>BE A STREET ADDRES</u>	<u>S)</u>			
Enter new mailing address, if a	pplicable:				
(Mailing address MAY BE A PC	ST OFFICE BOX)				
	<u></u>				
					o .1
B. If amending the registere			on our records, <u>ent</u> e	er the name of	the ne
registered agent and/or the new	registered office address	<u>s nere</u> :		==	
				ALL SEC	
Name of New Registere	ed Agent:			52 6	
				罗斯 巴	4 1
New Registered Office	Address:			<u> </u>	ALIMANE.
		Enter F	lorida street address	E C 2	Š Takaturus
,		·	, Florida		111
,		City	, 1 lot ldu _	□ -Zip Code	F. 18
New Registered Agent's Signatur	e if changing Pegistered A	gent.			
NEW RESISTERED ASERT S SISTINGE	e, ii changing negistereu A'	ZCHI.			

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 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:

Tial.	NT	A 11	—
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			□ Remove
	•		
<u>'-</u>			
			☐ Remove
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he date this do	te, if other than the date te must be specific, cannot be cument is filed by the Florida	e of filing: prior to date of receipt or filed date and canno Department of State) () () ()	(optional) t be more than 90 days after
Effective da The effective da the date this do	ocument is filed by the Florida is	e of filing: prior to date of receipt or filed date and canno Department of State) (C) () () () (A) () (B) () () () (B) () () () () () () () () () () () () ()	t be more than 90 days after

Page 3 of 3

Filing Fee: \$25.00

SECRETARY OF STATE
TALLAHASSEE, FLORID;