

L14000180690

Florida Department of State
Division of Corporations
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Division of Corporations
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From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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XSTRATEGY NUTRITION USA LLC**

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EXAMINER

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PAGE 02/05



March 16, 2015

FLORIDA DEPARTMENT OF STATE
Division of Corporations

XTRATEGY NUTRITION USA LLC
175 SW 7TH STREET
SUITE 1702
MIAMI, FL 33130

SUBJECT: XTRATEGY NUTRITION USA LLC
REF: L14000180690

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refax this document until the quality has been improved.

The last two pages of the amendment are not acceptable for scanning. Please use white paper. Color paper does not scan well.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly
Regulatory Specialist II

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

XSTRATEGY NUTRITION USA 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 21/11/2014 and assigned
Florida document number L14000180690

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 abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

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:

CORPORATE MAINTENANCE SERVICES, LLC

New Registered Office Address:

1000 BRICKELL AVENUE, SUITE 400

Enter Florida street address

MIAMI

City

Florida 33131

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.

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

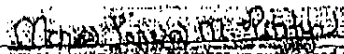
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Alessandra F. Ambar	31 SE 6th Street, Miami, FL 33131	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
MGRM	Roberto S. B. Elias	2451 Brickell Ave. #18F, Miami, FL	<input checked="" type="checkbox"/> Add
		33129	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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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 March 12, 2015.



Signature of a member or authorized representative of a member
Maria Tereza Mendonca Pintya

Typed or printed name of signer

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TALLAHASSEE, FLORIDA