

L150000 17606

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

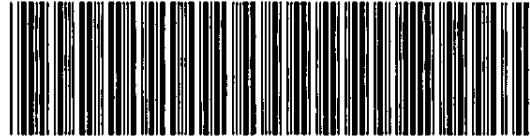
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

FEB 18 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Lake Mary Nutra Products, 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:

Robert Rice

Name of Person

Firm/Company

1523 Shadowmoss Circle

Address

Lake Mary, Florida 32746

City/State and Zip Code

bob@longlivecool.com

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

For further information concerning this matter, please call:

Robert Rice

619 804-4033
at ()

Name of Person

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**

LAKE MARY NUTRA PRODUCTS, 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 1/29/15 and assigned
Florida document number L15000017606.

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:

255 Primera Boulevard, Ste 160

(Principal office address MUST BE A STREET ADDRESS)

Lake Mary, FL 32746

Enter new mailing address, if applicable:

255 Primera Boulevard, Ste 160

(Mailing address MAY BE A POST OFFICE BOX)

Lake Mary, FL 32746

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:

Oscar Martinez

New Registered Office Address:

255 Primera Boulevard, Ste 160

Enter Florida street address

Lake Mary

City

, Florida 32746

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.

Oscar Martinez
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>
MGR	Robert Rice	1523 Shadowmoss Circle	<input type="checkbox"/> Add
		Lake Mary, Florida 32746	<input checked="" type="checkbox"/> Remove
AMBR	Oscar Martinez	255 Primera Boulevard, Ste 160	<input checked="" type="checkbox"/> Add
		Lake Mary, FL 32746	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
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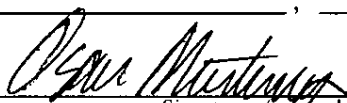
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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 February 5, 2015



Signature of a member or authorized representative of a member

Oscar Martinez, Authorized Member

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA