

L15000048438

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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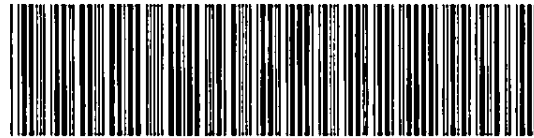
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SEP 26 2017

J SHIVERS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Lucky Nutrition, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Craig Oberweger

Name of Person

Firm/Company

1801 N. Military Trail Ste 120

Address

Boca Raton / Florida / 33431

City/State and Zip Code

craig@luckybar.com

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

For further information concerning this matter, please call:

Craig Oberweger

800 520.2052

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**

Lucky 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 03/17/2015 and assigned
Florida document number 1,150,000,484,38.

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 contain 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:

New Registered Office Address:

Enter Florida street address

City

Florida

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TALLAHASSEE, FLORIDA

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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person 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	Jamie Oberweyer	1801 N. Military Trail Ste 120	<input type="checkbox"/> Add
		Boca Raton / Florida / 33431	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	Renata Moulavi	1801 N. Military Trail Ste 120	<input checked="" type="checkbox"/> Add
		Boca Raton / Florida / 33431	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Craig M. Oberweyer	1801 N. Military Trail Ste 120	<input type="checkbox"/> Add
		Boca Raton / Florida / 33431	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	US MEDICAL CARE HOLDINGS	1801 N. Military Trail Ste 120	<input type="checkbox"/> Add
		Boca Raton / Florida / 33431	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

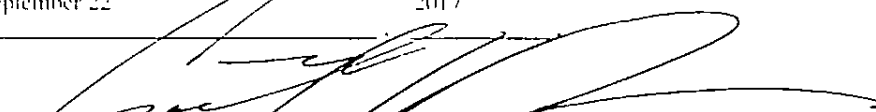
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SECRET
17 SEP 25 AM 7:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated September 22, 2017

September 22, 2017



Signature of a member or authorized representative of a member

Craig Oberweyer

Typed or printed name of signer