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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : SERGUEI PUERTAS MATA

Account Number : I20130000007

Phone

: (786)439-9847

Fax Number

: (786)360-3201

**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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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2015 SEP II AM 7: 57 SEGRETARY OF STATE TALLAMASSEE, FLORIDA

(Name of the Limited Linbi (A Flori	Dectrum Nutrition, I lity Company as It now apped the Limited Clubility Company	ars on our records.)	
The Articles of Organization for this Limited Liability	Company were filed on _	08/13/2015	and assigned
Florida document numberL15000138340	 ·		
This amendment is submitted to amend the following:			
A. If amending name, <u>enter the new name of the lin</u>	nited liability company	here:	
The new name must be distinguishable and end with the words "L	imited Liability Company," ti	ne designation "LLC" or the a	bbrevistion "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADD	(RESS)		
	·		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE ROX)			
B. If amending the registered agent and/or regi registered agent and/or the new registered office ad-	istered office address o	on our records, enter	the name of the
SENSOTER APERICANDAR THE NEW TERMETOR WHICE AU	<u>areas nore</u> .		
Name of New Registered Agent:			
		· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:	Enter F.	lorida street address	
		Florida	
	Cin		Zip Code

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

MGR - Manager

AMBR = Authorized Member

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:

Tiel.	N1	4.44.000	
Title MGR	Name Maria V. Arbelaez	Address 10923 NW 122nd St.	Type of Action
		Medley, FL 33178 USA	□ Remove
			D Add
			□ Remove
			□ Remove
			Remove
			□ Remove
			□ Remove

. If amendi	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)
(The effective	date, if other than the date of filing: 09/01/2015 (optional) reduce must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after is document is filed by the Florida Department of State)
Dated_	September 2nd 2015
	132 Tours
	Signature of a member or authorized representative of a member Serquei Puertas Mata
	Typed or pripted name of signee

Puge 3 of 3

2015 SEP 11 AN 7: 5