# 15000195301

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### **COVER LETTER**

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SUBJEC	~r.	Millen	nial Nu	trition Innovations, LLC							
SUBJEC	٠1;			Name of Lin	ited Liability Co	ompany					
The encl	osed	Article	s of An	nendment and fee(s) are sub	mitted for filin	ng.					
Please re	turn	all corr	espond	ence concerning this matter	to the followir	ıg:					
				James E. Beecham							
					Name of	Person					
				Millennial Nutrition Innov	ations, LLC						
Firm/Company							<del></del>				
128 Dorchester F											
Address											
				West Palm Beach, Fl 3341	7						
	City/State and Zip Code										
jimbeecham@hotmail.com											
			_	E-mail address: (	to be used for fu	iture anni	al report no	otification)	<del></del>	19	٠.
For furth	er in	formatio	on conc	erning this matter, please ca	ıll:					- - -	روم ن <del>ور</del> ن
James E	. Bee	cham			56°		653-1045			-1	4
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\$25.0	0 <b>0</b> Fi	ling Fee	ė l	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 F Certifie (additions	d Copy	e & enclosed)	Ce Ce	.00 Filing Fee, rtificate of Status & rtified Copy Ittional 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

Millennial Nutrition Innovations, LLC		
( <u>Name of the Limited Liab</u> (A Flori	lity Company as it now appears on our records.) da Limited Liability Company)	
The Articles of Organization for this Limited Liability	Company were filed on 18 Nov 2015	and assigned
Florida document number L15000195301	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
MMRY, LLC		
The new name must be distinguishable and contain the words "Li	mited Liability Company," the designation "LLC" or the	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	
	· · · · · · · · · · · · · · · · · · ·	19
Enter new mailing address, if applicable:		19 15日
(Mailing address MAY BE A POST OFFICE BOX)		
		~ · · ·
		ر. <del>دی کند.</del> سر کر سد
B. If amending the registered agent and/or regi registered agent and/or the new registered office add		ter the name of the new
Name of New Registered Agent:		<del></del>
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	City	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 Authorized Person(s) authorized to manage, <u>enter the title</u>, <u>name</u>, <u>and address of each person</u> <u>being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member <u>Title</u> <u>Name</u> **Address Type of Action** □ Add □ Remove \_□ Change □ Add ☐ Remove \_□ Change □ Add \_□ Remove ☐ Change ☐ Add \_□ Remove ☐ Change □ Add ☐ Remove \_□ Change \_ 🗆 Add ☐ Remove ☐ Change

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:
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.
Dated,
Signature of a member or authorized representative of a member
James E. Beecham

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Typed or printed name of signee

Filing Fee: \$25.00