## 116000004432

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## **COVER LETTER**

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Div	ision of Corp	oorations		
SUBJECT:	Private Labe	I Supplements LLC		
oobane i.		Name of Limi	ited Liability Company	
The enclosed	Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return	all correspor	dence concerning this matter	to the following:	
		Ryan Cipparone, Esquire		
		<del>-</del>	Name of Person	
		Cipparone & Cipparone, P.	.A.	
		<del></del>	Firm/Company	
		1525 International Parkway	y, Suite 1071	
			Address	
		Lake Mary, Florida 32746	,	
			City/State and Zip Code	····
		rcipparone@cipparonepa.co		
		E-mail address: (t	to be used for future annual report notif	ication)
For further in	nformation co	ncerning this matter, please ca	all:	
Ryan Cippar	rone, Esquire		321 275-5914 at ()_	
	Name of	Person		Telephone Number
Enclosed is a	check for the	: following amount:		
■ \$25.00 F	iling 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:

TO:

**Registration Section** 

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Ft. 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

Private Label Supplements, 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  $\frac{01/06/16}{}$ and assigned Florida document number L16000004432 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 "LLC." 964 International Parkway Enter new principal offices address, if applicable: 萝 Suite 1630 (Principal office address MUST BE A STREET ADDRESS) Lake Mary, Florida 32746 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:	Cipparone & Cipparone, P.A	\
New Registered Office Address:	1525 International Parkway,	Suite 1071
	Ente	er Florida street address
	Lake Mary	. Florida <sup>32746</sup>
	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

Page 1 of 3

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>	Address	Type of Action
			□ Remove
			Change
			☐ Remove
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			Si Si Vad
			Remove
			Change
			□ Add
			Remove
			☐ Change
			□ Remove
			□ Change

D. If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an eff	te date, if other than the date of filing:
cti	e date, if other than the date of filing:
Note:	f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nt's effective date on the Department of State's records.
the rec	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
) The	Oth day after the record is filed.
	2 A H-
Dated	ine 14th 2019
	$\chi(-++$
	Signature of a member or authorized representative of a member
	Kyle I. Colbert
	Typed or printed name of signee

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Filing Fee: \$25.00