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(Re	equestor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	e #)
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(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
ertified Copies Certificates of Status		of Status
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COVER LETTER

TO: Registration Section Division of Corp	orations		
SUBJECT: A	1 Around 1	Autrition LL	
-	Name of Limi	ted Liability Company	•
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspond	dence concerning this matter	to the following:	
	Adrian	Veselinovic	
	· · · · · · · · · · · · · · · · · · ·	Name of Person	
		Firm/Company	.
	5511 9	oth Ave N	
		Address	
	Pinellas Pari	City/State and Zip Code mail-Usfedu	
	1:	City/State and Zip Code	•
	E-mail address: (1)	may 1. US+. EdU to be used for future annual report i	notification)
For further information co	ncerning this matter, please ca	•	
			0
	Veselinovic	at (727) 244	9535
Name of	Person	Area Code Day	time 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:

3

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

	All	Around	Nutrition	LLC			
	(<u>N</u>	ame of the Limited Liab (A Flor	ility Company as it now app ida Limited Liability Company	ears on our records.)			
	of Organization for		Company were filed on _	02/19/2016	and as	signed	
This amendm	ent is submitted to	amend the following:					
A. If amend	ing name, <u>enter th</u>	e new name of the li	mited liability company	<u>here</u> :			
Enter new p	rincipal offices add	and contain the words "L dress, if applicable: BE A STREET ADI	imited Liability Company," th	e designation "LLC" or the	he abbreviation "l	.L.C."	
Enter new m	ailing address, if a	pplicable:			, 49 tr pd. , pd. ,	1,6 AP	_
(Mailing add	ress MAY BE A Po	OST OFFICE BOX)			3.0.3		- .
						0 A:	;
B. If amen registered ag	ding the registers tent and/or the nev	ed agent and/or req v registered office ac	gistered office address idress here:	on our records, <u>en</u>	ter the name	of the c⊓ €®	nev
<u>Nan</u>	ne of New Register	ed Agent:					_
Nev	v Registered Office	Address:	Enter F	Torida street address			
				, Florida			
			City		7m 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, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member				
Title	Name	Address	Type of Action	
MGR	Witner, Austin	5507 110th Ave N		
		C-208	Remove	
	·	C-208 Pinellas Park, FL, 33782	Change	
		·	Add	
			☐ Remove	
			Change	
			Add	
			Remove	
			R 20 Add	
			Remove!	
			□ Add	
			□ Remove	
			☐ Change	
			D Add	
			Remove	
			Change	

2. If amending any other information, enter change(s) here: (Attach additional sheets, if necessar	y.)		
			•
	• .		
			
		,	
		0	
	00 h	PR 21	,
·) #	. 1
· · · · · · · · · · · · · · · · · · ·	317		**************************************
3. Time. At a disaster also also also designed to the second to the seco	> •	65	
C. Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date document's effective date on the Department of State's records.	.) Pursuar		
f the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. b) The 90th day after the record is filed.	on the	earlie	r of:
D. 1 14th 2016			
Dated April 14th 2016.			
Dated			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00