## 16000046614

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## **COVER LETTER**

TO:	Registration Se Division of Cor	ction porations					
G	D.C.T.	NUT	RI-FIT-TECH, LLC				
SUBJ	Name of Limited Liability Company						
The er	nclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.				
Please	return all correspo	ndence concerning this matter	to the following:				
			JOHN E. LEWIS				
		•	Name of Person				
			NUTRI-FIT-TECH, LLC				
		<u> </u>	Firm/Company				
		115	0 MADRUGA AVENUE #A30	1			
			Address				
		C	CORAL GABLES, FL 33146				
			City/State and Zip Code				
			JOHN@NURISH.ME				
For fu	rthar information a			iothication)			
roi iu				062 5286			
		at ( )					
	Address  CORAL GABLES, FL 33146  City/State and Zip Code  JOHN@NURISH.ME  E-mail address: (to be used for future annual report notification)  ther information concerning this matter, please call:  JOHN E. LEWIS  305  962-5286						
Enclo	sed is a check for th	ne following amount:					
□ \$2	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

NUIRI-FII-IE	•	
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our records.) I Liability Company)	<del></del>
The Articles of Organization for this Limited Liability Compan Florida document number $\frac{L16000046614}{L16000046614}$	y were filed on MARCH 07, 2016	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
NURISH.ME, LLC		
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "LLC" or the a	bbreviation "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 registered agent and/or the new registered office address he		the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	3 3 17
	City	Zi Code
New Registered Agent's Signature if changing Registered Agen	#:	7

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</u> <u>being added or removed from our records</u>:

MGR = Manager

**AMBR** = **Authorized Member** 

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action		
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		DEL MAR, CA 92014	Change		
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Filing Fee: \$25.00