

416000080760

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

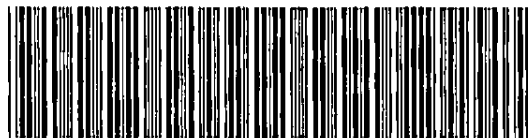
(Business Entity Name)

(Document Number)

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SECTION 157
TALLAHASSEE, FLORIDA

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2017 AUG 21 PM 4:29
SECTION 157
TALLAHASSEE, FLORIDA

AUG 23 7:11 PM
J. HARRIS

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

LIGHT NUTRITIONS GROUP 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 04/25/2016 and assigned Florida document number L16000080760.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A

(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:

N/A

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, 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>	<u>Address</u>	<u>Type of Action</u>
AMBR	CUELLAR JAIME	2454 NW 94TH AVE	<input type="checkbox"/> Add
		DORAL FL 33172	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	MAHECA FRANCISCO D	2454 NW 97TH AVE	<input type="checkbox"/> Add
		DORAL FL 33172	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	ROJAS JULIANA	9140 SW 227TH LN	<input type="checkbox"/> Add
		CUTLER BAY FL 33190	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	PEREZ SILVANA E	9140 SW 227TH LN	<input checked="" type="checkbox"/> Add
		CUTLER BAY FL 33190	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2017 AUG 21 2:08 PM
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 ADD
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