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C Kiuzea IVH <sup>TO</sup> JOJO

## **COVER LETTER**

C14 145 143 C1215	TUTRITIONS GROUP LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles (	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	NINOTCHKA HECHT		
		Name of Person	
	JUST HIGH TECH CORP		
		Firm/Company	<del></del>
	10544 NW 26TH ST. STE	E-204	
		Address	
	DORAL FL 33172		
	fastfilingservices@gmail.co		
		to be used for future annual report not	dication)
For further information	concerning this matter, please c	all:	
Ninotchka Hecht		786 762-2048 at ()	
Name	of Person	Area Code Daytin	ne 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 Addi	ress:	Street Address:	

Registration Section
Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

Registration Section

**Division of Corporations** 

TO:

Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1	LIGHT	NUTTR	THONS	GROUP	11 C

(Name of the Limited Liability Company as it now appears on our records.)

The Articles of Organization for this Limited Liab				
The Africaes of Organization for this Enfined Elaos	ility Company	were filed on <u>04/25/2016</u>		and assigned
Florida document number 1.16000080760	·			
This amendment is submitted to amend the following	ing:			
A. If amending name, enter the new name of th	e limited liab	ility company here:		
N/A				
The new name must be distinguishable and contain the word	s "Limited Liabi	lity Company," the designation "LLC" of	or the abbr	eviation "L.L.C."
Enter new principal offices address, if applicable	le:	2051 NW 112th AVE., STE 130		201
(Principal office address MUST BE A STREET 2		MIAMI FL 33172	7.3	2019 DE
				C -
				ω 
Enter new mailing address, if applicable:		2051 NW 112th AVe. STE 130		
(Mailing address MAY BE A POST OFFICE BO	<u>)X)</u>	MIAMI FL 33172		<del></del>
				ယ
*** *** *** *** *** *** *** *** *** **		address on our records, <u>enter th</u>	e name	of the new registered
agent and/or the new registered office address h		<del></del>	е пате	of the new registered
agent and/or the new registered office address have of New Registered Agent:	iere: SERGIO CARI	DONA n Ave. Suite 130	е пате	of the new registered
agent and/or the new registered office address had been to be a large of New Registered Agent:	iere: SERGIO CARI	DONA	е пате	of the new registered
Name of New Registered Agent:  New Registered Office Address:	iere: SERGIO CARI	DONA  a Ave. Suite 130  Enter Florida street address , Flor		2
Name of New Registered Agent:  New Registered Office Address:	iere: SERGIO CARI 2051 NW 112tl Miami	DONA  n Ave. Suite 130  Enter Florida street address  Flor  City		
Name of New Registered Agent:  New Registered Office Address:	iere: SERGIO CAR! 2051 NW 112tl Miami istered Agent:	DONA  n Ave. Suite 130  Enter Florida street address , Flor  City	ida <u>3317</u>	2 Zip Code

Page Lof 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>	Name	Address	Type of Action
AMBR	SERGIO CARDONA	2051 NW 112TH AVE STE 130	■Add
		MIAMI FL 33172	
			Change
		<del></del>	
			□Remove
			□Change
			□Add
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		<del></del>	Change
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			□ Change

## Page 2 of 3

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Effective date, if other than the date of filing:  NOVEMBER, 22,2019  (optional)  (optiona		
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7. Desgrift	e record specifies a d The 90th day after t	delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the record is filed.
1. July	ated	2019
Signature of a member or authorized representative of a member		3) // L
organical or a metal of or authorized representative of a member		Signature of a member or authorized representative of a member
		The state of the s
		Typed or printed name of signee