

L16 000085123

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

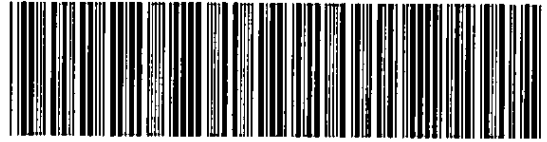
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SEP 24 2021 PM 12:34

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: NutraBeach LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Martin A. Rothbard

Name of Person

Rothbard & Company, LLC

Firm/Company

8211 W Broward Blvd, Suite 440

Address

Plantation, FL 33324

City/State and Zip Code

marty@rothbard.cpa

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Martin Rothbard

Name of Person

954 321-9991
at () _____
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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 Address:

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

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	Gergely Pasztor	8211 W Broward Blvd, Suite 440	<input type="checkbox"/> Add
		Plantation, FL 33324	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Barbara Iren Vasony	Kemenes utca 12-14	<input checked="" type="checkbox"/> Add
		1114 Budapest, Hungary	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input checked="" type="checkbox"/> Add
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[illegible]

(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.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

er 23 2021

M. A. R.

Martin A. Rothbard

Typed or printed name of signee

Filing Fee: \$25.00