L16000 112047

(Re	questor's Name)	
(Ad	dress)	
<u></u>		
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
—		
/D.	siness Entity Nar	m a\
(Bu	Siness Entity Nat	ne)
<u>/Da</u>	cument Number)	
(100	cument Number)	
Certified Copies	Cartificate	e of Statue
Certified Copies	_ Certificate:	s 01 Status
Special Instructions to	Filing Officer:	
L		

Office Use Only



06/29/16--01009--015 **25.00

16 JUN 29 PM 12: 48
SLONE DARY OF STAIL
MALLAHASSEE, FLORIDA

JUN 3 0 2016 Y SULKER

COVER LETTER

Division of Cor	porations		
FIT NU	JTRITION LLC		
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	RICHARD FAYAD		
		Name of Person	
	FIT NUTRITION LLC	C	
•		Firm/Company	/
	16296 SW 26TH ST	Name of Limited Liability Company d fee(s) are submitted for filing. ning this matter to the following: PAYAD Name of Person UTRITION LLC Firm/Company 26TH ST Address R, FL 33027 City/State and Zip Code lanciaworld.com E-mail address: (to be used for future annual report notification) matter, please call: at (786 / Area Code) Area Code Daytime Telephone Number nount: iling Fee & \$55.00 Filing Fee & \$60.00 Filing Fee,	
	_	Address	
	MIRAMAR, FL 33027		
		Name of Person LC Firm/Company Address City/State and Zip Code om: (to be used for future annual report notification) call:	
	richard@balanciaworld.con		
	E-mail address: (to be used for future annual report notifi	cation)
For further information c	oncerning this matter, please co	all:	
RICHARD FAYAD			
Name o	f Person		Telephone Number
Enclosed is a check for the	he following amount:		
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy

MAILING ADDRESS:

· TO:

Registration Section

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

FIT NUTRITION LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L16000112047	were filed on	and assigned
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	16296 SW 26TH ST	
(Principal office address MUST BE A STREET ADDRESS)	MIRAMAR, FL 33027	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		r the name of the n
	_	3
Name of New Registered Agent:		> S S
New Registered Office Address:		ASS.
	Enter Florida street address	THE PARTY
	, Florida _	Zim Code
New Registered Agent's Signature, if changing Registered Agent:	•	5 6

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>	Type of Action
P	RICHARD FAYAD	1770 NW 96TH AVE UNIT AN28872 UN 1770 NW 96TH AVE UNIT AN28872 UN 1770 NW 96TH AVE UNIT AN28872 UN	■ Add
			Remove
			☐ Change
			Add
			Remove
		 	Change
			🗆 Add
			□ Remove
			Change
	-Therefore and the Handard at Handard and the second and the second at t		A88
			HASSI D Comove
			hange
			Add
			☐ Remove
			Change
			🖸 Add
			Remove
			Change

		
		•
	· · · · · · · · · · · · · · · · · · ·	
_		
	· · · · · · · · · · · · · · · · · · ·	
		
	(29 380 380
	r	≟co <u>—</u> ,
) 	24 13
ective date, if other than the date of filing:	(optional)	>
n effective date is listed, the date must be specific and cannot be prior to date of filing o	r more than 90 days after filing.) Pu	arsuant to 605.02
te: If the date inserted in this block does not meet the applicable statutory ficument's effective date on the Department of State's records.	lling requirements, this date wil	ii not be listed t
·		
record specifies a delayed effective date, but not an effective	e time, at 12:01 a.m. on	the earlier
The 90th day after the record is filed.	o ama, at the difficult	are corner
JUNE 27 2016		
ted) . /	
Signature of a member or authorized representat		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00