Division of Corporations

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H16000238676 3)))



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To:

Division of Corporations Fax Number : (850)617-6383

From:

Account Name : ALLEN DELL, P.A. Account Number : I20040000136 Phone Fax Number

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address: jrugg@allendell.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN VITA NUTRIENT, LLC

Certificate of Status	0
Certified Copy	0
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Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

COVER LETTER

(((H160002386763)))

TO: Registration Se Division of Cor			
VITA NUT	RIENT, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
	Amendment and fee(s) are sub-	-	
	JOSEPH RUGG		
		Name of Person	
	ALLEN DELL, P.A.		•
		Firm/Company	
	202 SOUTH ROME AVE	NUE, SUITE 100	
		Address	
	TAMPA, FLORIDA 3360	6	
	jrugg@allendell.com	City/State and Zip Code	
		to be used for future annual report noti	fication)
For further information c	oncerning this matter, please co	all:	
JOSEPH RUGG		813 769-3941	
Name o	f Person	at () Area Code Daytim	e Telephone Number
Enclosed is a check for the	he 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)
	ING ADDRESS:	STREET/COURI Registration Section	

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

(((H16000238676 3)))

VITA NUTRIENT, LLC		
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L16000167191	were filed on <u>09/07/2016</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab VITA NUTRIENTS, LLC	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abl	previation "L.L.C."
Enter new principal offices address, if applicable:	19103 AVENUE BAYONNES	
(Principal office address MUST BE A STREET ADDRESS)	LUTZ, FL 33558	,
		g)
Enter new mailing address, if applicable:	19103 AVENUE BAYONNES	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)	LUTZ, FL 33558	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here. Name of New Registered Agent:	ffice address on our records, <u>enter</u> <u>e</u> :	the name of the new
New Registered Office Address:		
	Enter Florida street address	
· · · · · · · · · · · · · · · · · · ·	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent;	•	zip Code
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change.	ce to act in this capacity. I further agr performance of my duties, and I am fo provided for in Chapter 605, F.S. Or,	miliar with and if this document is
If Char	nging Registered Agent, <u>Signature of New Re</u> g	istered Agent

MGR = Manager

(((H16000238676 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:

AMBR = A	uthorized Member		
Title	<u>Name</u>	Address	Type of Action
			□ Add
			☐ Remove
			□ Change
			□ Add
			☐ Remove
			□ Change
			Add
			☐ Remove
			☐ Change
			Add
			☐ Remove
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			T Damora.
			□ Change

			Remove
			Change

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ffective date, if other than the date of	f filing: ific and cannot be prior to date of filing s not meet the applicable statutory	(optional) (or more than 90 days after filing.) Profiling requirements, this date wi	ursuant to 605,0207 (3)
lote: If the date inserted in this block does ocument's effective date on the Department of the Depart	nt of State's records. tive date, but not an effecti	ve time, at 12:01 a.m. on	
lote: If the date inserted in this block does ocument's effective date on the Department of the second specifies a delayed effect. The 90th day after the record is the september 23.	nt of State's records. tive date, but not an effecti	ve time, at 12:01 a.m. on	the earlier of: $\frac{1}{6}$
e record specifies a delayed effect The 90th day after the record is to SEPTEMBER 23	nt of State's records. tive date, but not an effectlifiled. 2016		the earlier of:
e record specifies a delayed effect The 90th day after the record is to selected. SEPTEMBER 23 Signatur	nt of State's records. tive date, but not an effective date, but not an effective date. 2016 2016 re of a member or authorized represent		the earlier of:
Note: If the date inserted in this block does document's effective date on the Department of the record specifies a delayed effect. The 90th day after the record is to set the second specifies and second s	nt of State's records. tive date, but not an effective date, but not an effective date. 2016 2016 re of a member or authorized represent	tative of a member	the earlier of: $\frac{16}{16} \frac{S_{\Sigma}p}{S_{\Sigma}} \frac{25}{S_{\Sigma}}$

Filing Fee: \$25.00

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