# 1/6000/68/153

(Re	questor's Name)	<u>.                                      </u>
•	•	
(Ad	dress)	
(Ad	dress)	,
(Cit	ty/State/Zip/Phone	<b>÷</b> #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	cument Number)	
`	•	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





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K. SALY DEC 20 2016

# **COVER LETTER**

CITE IFOT.	WellnessF	itnessNutrition LLC		
SUBJECT:		ited Liability Company		<del></del>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
		Richard Rodrigue	z	
		Name of Person	-	
	<b>w</b>	/ellnessFitnessNutritic	on LLC	
		Firm/Company		<u> </u>
	5	525 71st Street, Suite	6597	
		Address		
		Miami Beach, FL 33	141	
		City/State and Zip Code	;	<del></del>
		ceo@wfnnllp.com		
	E-mail address: (	to be used for future annua	I report notification	on)
For further information c	oncerning this matter, please ca	all:		
<del></del>	l Rodriguez	at (_305)_	395-0592	
Name o	f Person	Area Code	Daytime Tele	phone Number
Enclosed is a check for the	ne following amount:			
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee Certified Copy (additional copy is er		☑ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

# MAILING ADDRESS:

Registration Section Division of Corporations

TO:

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

2016 DEC 19 PM 3: 13

ALLAHASSEE, FLORIDA

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:		
New Registered Office Address:	D. Clark	
	Enter Florida street addr	ess
	, , I	lorida
	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>	Address	Type of Action
_AMBR_	Richard Rodriguez	525 71ST STREET, Suite 6597	
		Miami Beach, FL 33141	□ Remove
			☐ Change
AMBR_	John Ferrell	525 71ST STREET, Suite 6597	<b>☑</b> Add
		Miami Beach, FL 33141	□ Remove
			Change
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	INFORMATION OF STATE
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Note: 1	ve date, if other than the date of filing:
e reco	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
Dated _	
	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00