

L16000195069

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

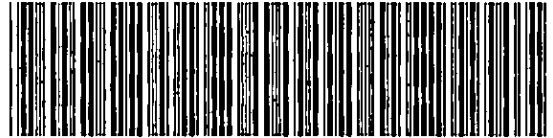
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

? & RASUP

Office Use Only



400311369934

04/06/18--01016--030 **25.00

FILED

18 APR 23 PM 3:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

✓ SALY
APR 25 2018

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: NUTRGLO PRODUCTS 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:

ERMA MELVIN

Name of Person

NUTREGLO PRODUCTS LLC

Firm/Company

1862 NW 38 AVE

Address

FT LAUDERDALE FLORIDA 33311

City/State and Zip Code

ermamarre@yahoo.com

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

For further information concerning this matter, please call:

Erma Melvin

754

426-6110

at ()

Name of Person

Area Code

Daytime 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 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**

NUTREGLO PRODUCTS LLC

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

FILED
18 APR 23 PM 3:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 10-19-2016 and assigned
Florida document number L16000195069.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

~~ERMA MELVIN~~

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

1862 NW 38 ave
FT Lauderdale FL 33311

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Same

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:

ERMA MELVIN

New Registered Office Address:

1862 NW 38 AVE

Enter Florida street address

FT LAUDERDALE

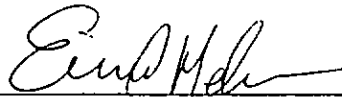
City

Florida 33311

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>	<u>Address</u>	<u>Type of Action</u>
CEO	ERMA MELVIN <i>CEO ✓</i>	1313 EAST RIVER DRIVE	<input checked="" type="checkbox"/> Add
		MARGATE FLORIDA 33311	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
	DEVEN FELIX <i>Remove</i>	2990 SOLANO AVE APT 207	<input type="checkbox"/> Add
		HOLLYWOOD FLORIDA 33024	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	NATHANIEL FELIX <i>Remove</i>	2990 SOLANO AVE APT 207	<input type="checkbox"/> Add
		HOLLYWOOD FLORIDA 33024	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	GLORY A WALTON <i>Remove</i>	398 GRANVIEW AVE	<input type="checkbox"/> Add
		STATEN ISLAND NY 10303	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

18 APR 23 PM 3:40
 FILED
 STATE OF FLORIDA
 CLERK OF THE COURT
 1st JUDICIAL CIRCUIT
 IN AND FOR
 MIAMI

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

PLEASE REMOVE ALL OFFICERS EXCEPT ERMA MELVIN CEO.

FILED
18 APR 23 PM 3:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

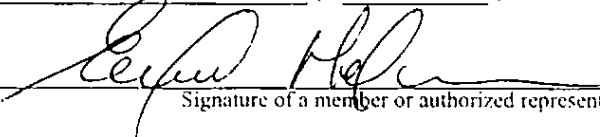
E. Effective date, if other than the date of filing: 0326-2018 **(optional)**

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Dated 03-26-2018



Signature of a member or authorized representative of a member

ERMA MELVIN

Typed or printed name of signee



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 12, 2018

NUTREGLO PRODUCTS LLC
ERMA MELVIN
1862 NW 38 AVE.
FT. LAUDERDALE, FL 33311

SUBJECT: NUTREGLO PRODUCTS LLC
Ref. Number: L16000195069

We have received your document for NUTREGLO PRODUCTS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

The registered agent must sign accepting the designation.

You have entered "Erma Melvin" in the area to change the name of the company. Are you changing the name of the company? **NO**

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly
Regulatory Specialist II

Letter Number: 518A00007430

RECEIVED

2018 APR 23 PM 2:21

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA