

L16000213453

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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DIVISION OF BOND OPERATIONS

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DEC 08 2016

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: Life Through Nutrition 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:

Obdulio Piloto  
Name of Person

Life Through Nutrition LLC  
Firm/Company

601 West 20<sup>th</sup> Street  
Address

Hialeah, FL 33010  
City/State and Zip Code

Obdulio.Piloto@ProteagLabs.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

\_\_\_\_\_ 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**

Life Through Nutrition LLC

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

The Articles of Organization for this Limited Liability Company were filed on 11-21-2016 and assigned  
Florida document number L16000213453

This amendment is submitted to amend the following:

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

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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DIVISION OF CLERK OF CIRCUIT

**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:

Obdulio Piloto

New Registered Office Address:

601 West 20th Street

Enter Florida street address

Hialeah

City

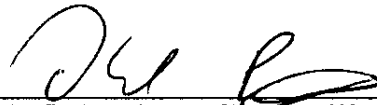
Florida

33010

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>
P	Blas R. Montercano III	601 W 20th St	<input type="checkbox"/> Add
		Hialeah FL 33010	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Obdulio Piloto	601 West 20th St	<input checked="" type="checkbox"/> Add
		Hialeah, FL 33010	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Sergio Delgado	601 West 20th St	<input checked="" type="checkbox"/> Add
		Hialeah, FL 33010	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Ian Cheong	601 West 20th St	<input checked="" type="checkbox"/> Add
		Hialeah, FL 33010	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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DIVISION OF REVENUE  
ATTN: [illegible]

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

Please add our EIN

EIN: 81-4478386

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DIVISION OF PUBLIC AFFAIRS

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E. Effective date, if other than the date of filing: \_\_\_\_\_ (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 11-29, 2016.

  
Signature of a member or authorized representative of a member

Blas R Montezano III  
Typed or printed name of signee