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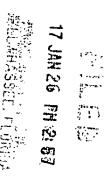
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COVER LETTER

TO: Registration Division of C	
NUTRI	TON LINK AMERICAS, LLC.
SUBJECT:	Name of Limited Liability Company
The enclosed Articles	of Amendment and fee(s) are submitted for filing.
Please return all corres	spondence concerning this matter to the following:
	ADELFO ROQUE
	Name of Person
	CAPITAL ACCOUNTS, INC.
	Firm/Company
	PO BOX 527803
	Address
	MIAMI, FL 33152-7803
	City/State and Zip Code
	aroque@capitalaccounts.net E-mail address: (to be used for future annual report notification)
For further information	a concerning this matter, please call:
ADELFO ROQUE	305 482-9616
Name	at (
Enclosed is a check for	the following amount:
☑ \$25.00 Filing Fee	U \$30.00 Filing Fee & U \$55.00 Filing Fee & D \$60.00 Filing Fee. Certificate of Status Certified Copy (additional copy is enclosed) 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

NUTRITION LINK AMERICAS, 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 01/08/17 and assigned Florida document number 1.17000005309 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 comain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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) B. If amending the registered agent and/or registered office address on our records, enter the names of registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address , Florida Zin 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 Title | Name <u>Address</u> Type of Action MGR CARLOS M REBOLLEDO 7855 NW 12TH ST STE 211 □ Add DORAL, FL 33126 ☐ Remove □ Change □ Add ☐ Remove □ Change □ Add □demove _Denninger ** 37 **□S**Add ○漢? □ Remove ☐ Change _D Add _□ Remove ☐ Change

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fective date, if other than the date of filing: In effective date is listed, the date must be specific and cannot be prior to date of the lifthe date inserted in this block does not meet the applicable socument's effective date on the Department of State's records.	of filing or more than 90 days after filing.	.) Pursuar	nt to 605. The liste	:02) ed (
record specifies a delayed effective date, but not an The 90th day after the record is filed.	effective time, at 12:01 a.m.	on the	e earlie	er
JANUARY 18 2017				
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Typed or printed name of signee

Filing Fee: \$25.00