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(Re	equestor's Name)	
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D. SCOTT JUN 1 9 2017

# **COVER LETTER**

TO: Registration Section Division of Corpora			
SUBJECT: Hea	ethy Body Name of Limit	1 Nutrition LL (	· ·
The enclosed Articles of Amer	ndment and fee(s) are subn	nitted for filing.	
Please return all corresponden	ce concerning this matter t	o the following:	
	6911 Enui	Morgan Name of Person  Body Nut Firm/Company  On Blood Apt Address  H 33.319  City/State and Zip Code	nitien 25
_	E-mail address: (to	Leem & youhov. 10 o be used for future annual report notific	ation)
For further information concer	ming this matter, please ca	II:	
Cheralee Name of Pers	Norgan on	at (954) 773 – Area Code Daytime T	1991 28 TEL
Enclosed is a check for the fol	_		
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy

### 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

Healthy Body	4 Nutrition LLC
( <u>Name of the Libhited Liability Co</u> (A Florida Lim	ompany as it now appears on our records.) ited Liability Company)
The Articles of Organization for this Limited Liability Comp Florida document number 100296093191	pany were filed on Feb 28, 2017 and assigned
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 I	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	<u> </u>
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registere registered agent and/or the new registered office address	d office address on our records, enter the name of the new here:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Florida 7
· · · · · · · · · · · · · · · · · · ·	City Zip Code
New Registered Agent's Signature, if changing Registered Ag	rent:

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 = M $AMBR = A$	Tanager Authorized Member		
<u>Title</u>	Name	Address	Type of Action
MGR	Lesroy Nicholas	5224 NW 22 nd Street	
		Landwhill F1 33313	IZ Remove
			☐ Change
MGR	Cherale Morgan	69/1 Environ Blvd Apt 25 Landertuin Fl 33319	DAdd
			Remove
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ctive date, if other th	an the date of fi	ling:		(optiona	an .
effective date is listed, the e: If the date inserted in	date must be specific	and cannot be prior t		than 90 days after fili	ng.) Pursuant to 605.0
iment's effective date o			ble statutory fiffing re	equirements, this da	te will not be fisted
ecord specifies a d			an effective tim	e, at 12:01 a.m	. on the earlier
ne 90th day after t	he record is file	ed.		•	de <b>≤</b>
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Filing Fee: \$25.00