L17000079809

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	<u> </u>
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DIVISION OF CLICAL ACTION

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COVER LETTER

TO:

TO:	Registration Section Division of Corporations	
erto ii	Institute of Anti-Aging and Weight I	oss, LLC
SUBJE		of Limited Liability Company
The en	closed Articles of Amendment and fee(s) a	re submitted for filing.
Please	return all correspondence concerning this n	atter to the following:
	Elaine Valenza-Opda	 h
		Name of Person
	Institute of Anti Agir	g and Weight Loss
		Firm/Company
	1717 Hillside DR	
		Address
	Fort Collins, CO 805	24
		City/State and Zip Code
	elainevalenza@hotma E-mail add	ress: (to be used for future annual report notification)
For fur	ther information concerning this matter, ple	
Elaine	Valenza Opdahl	970 222-6279 at ()
	Name of Person	Area Code Daytime Telephone Number
	ed is a check for the following amount:	
□ \$2:	5.00 Filing Fee Certificate of State	
	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

Institute of Anti-aging and Weight Loss, LLC

(Name of the Limit	ted Liability Compar (A Florida Limited L	iy as it now appears on our i lability Company)	records.)	
The Articles of Organization for this Limited L Florida document number <u>L17000079809</u>	iability Company	were filed on April 10, 20	D17	and assigned
	owing:			
A. If amending name, enter the new name o	f the limited liabi	lity company here:		
Better Body Nutritionals, LLC				
The new name must be distinguishable and contain the	vords "Limited Liabili	ty Company," the designation	"LLC" or the abbrevi	ation "L.L.C."
Enter new principal offices address, if applic	able:	134 Marys Chapel Court		
 Principal office address MUST BE A STREE		Osprey, FL 34229		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent: New Registered Office Address:	or registered of Nice address here	ne as above	ecords, <u>enter the</u>	17 SEP 13 PH the new
		Enter Florida street	address	
			_, Florida	
N		City	Z	ip Code
New Registered Agent's Signature, if changing of the Proposition of all statutes relative to the propositions of all statutes relative to the proposition as regional the obligations of my position as regional being filed to merely reflect a change in the company has been notified in writing of this	d agent and agre er and complete p stered agent as p registered office o change.	performance of my duti- rovided for in Chapter	es, and I am famil 605, F.S. Or, if th rm that the limited	liar with and is document is I liability
	Ti Citati	ging registered Agent, <u>aign</u>	armic or frem isesister	CG Agent

If amendin	g Authorized Person(s) a d from our records:	uthorized to manage, <u>enter the title, na</u>	ame, and address of each person being added
MGR = Manager AMBR = Authorized Member			
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Remove
			Change
			Remove
			Change
			SEP T
			Changes St
			□ Remove
			□ Change
			□ Remove
			□ Change
			Add
			Remove
			□ Change

f amending any other information, en	ter change(s) here: (Attach additional sheets, if necessary.)
	17 SEP 13 PH 3: 54
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	9. 73 5
	P .
	<u>ု</u> ဟု
	Aug. 30, 2017
Effective date, if other than the date of fan effective date is listed, the date must be specified. If the date inserted in this block does document's effective date on the Department.	filing: (optional) fic and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (3) not meet the applicable statutory filing requirements, this date will not be listed as the
e record specifies a delayed effect The 90th day after the record is f	ive date, but not an effective time, at 12:01 a.m. on the earlier of: iled.
August 30	2017
Elaen Va	leya-Osdale
Signature	e of a member or authorized representative of a member
Elaine Valenza-Opdahl	
	Typed or printed name of signee
	Page 3 of 3
	Filing Fee: \$25.00