

L17000082525

6/16/2017 7:54AM

Rossway Swan Tierney Barry, P.L.

No. 1434 P. 1

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H17000161039 3)))



H170001610393ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.
Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : ROSSWAY SWAN TIERNEY BARRY LACEY & OLIVER, P.L.
Account Number : I20050000159
Phone : (772)231-4440
Fax Number : (772)231-4430

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: kbarrye@rosswayswan.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
KASHEY NUTRITION, LLC

Certificate of Status	1
Certified Copy	1
Page Count	04
Estimated Charge	\$60.00

RECEIVED
2017 JUN 16 AM 9:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
17 JUN 16 AM 11:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

S. WARREN

JUN 19 2017

COVER LETTER

TO: Registration Section
Division of Corporations

(((H17000161039 3)))

SUBJECT: Kashey 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:

Kevin M. Barry

Name of Person

Rossway Swan Tierney Barry Lacey & Oliver, P.L.

Firm/Company

2101 Indian River Blvd., Suite 200

Address

Vero Beach, FL 32960

City/State and Zip Code

kbarry@rosswayswan.com

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

For further information concerning this matter, please call:

Kevin M. Barry

772
at ()

231-4440

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

(((H17000161039 3)))

Jun. 16. 2017 7:54AM

Rossway Swan Tierney Barry, P. L.

No. 1434 P. 3

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF (((H17000161039 3)))**

Kashey 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 April 12, 2017 and assigned
Florida document number L17000082525

This amendment is submitted to amend the following:

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

The Kashey Method LLC

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)

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:

New Registered Office Address:

Enter Florida street address

City

Florida

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. 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 (((H17000161039 3)))

FILED
JUN 16 2017
CLERK OF STATE
TALLAHASSEE, FLORIDA

Jun. 16. 2017 7:54AM Rossway Swan Tierney Barry, P. L.

No. 1434 P. 4

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

(((H17000161039 3)))

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
--------------	-------------	----------------	-----------------------

			<input type="checkbox"/> Add
--	--	--	------------------------------

			<input type="checkbox"/> Remove
--	--	--	---------------------------------

			<input type="checkbox"/> Change
--	--	--	---------------------------------

			<input type="checkbox"/> Add
--	--	--	------------------------------

			<input type="checkbox"/> Remove
--	--	--	---------------------------------

			<input type="checkbox"/> Change
--	--	--	---------------------------------

		in	<input type="checkbox"/> Add
--	--	----	------------------------------

			<input type="checkbox"/> Remove
--	--	--	---------------------------------

			<input type="checkbox"/> Change
--	--	--	---------------------------------

			<input type="checkbox"/> Add
--	--	--	------------------------------

			<input type="checkbox"/> Remove
--	--	--	---------------------------------

			<input type="checkbox"/> Change
--	--	--	---------------------------------

			<input type="checkbox"/> Add
--	--	--	------------------------------

			<input type="checkbox"/> Remove
--	--	--	---------------------------------

		in	<input type="checkbox"/> Change
--	--	----	---------------------------------

			<input type="checkbox"/> Add
--	--	--	------------------------------

			<input type="checkbox"/> Remove
--	--	--	---------------------------------

(((H17000161039 3)))

			<input type="checkbox"/> Change
--	--	--	---------------------------------

FILED
JUL 16 AM 11:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. If amending any other information, enter change(s) here: ~~AMEND additional shares, if necessary.~~

(((H17000161039 3)))

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. ~~Effective date must be 90 days after filing.~~
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be used in 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 day of:
(a) The 90th day after the record is filed.

Dated June 12, 2017

2017

Signature of a member or authorized representative of the President

Andrew J. Lane, as Trustee of the Andrew J. Lane Trust

Typed or printed name of filer

FILED
JUN 16 AM 11:14
CLERK OF STATE
TALLAHASSEE, FLORIDA

(((H17000161039 3)))