

L17000146997

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

○ SIMMONS

APR 02 2018



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 22, 2018

CAROLYN IBRAHIM PAVLICH
2625 COLONY DR
DUNEDIN, FL 34698

SUBJECT: NUTRI-CORE NUTRITION AND WELLNESS LLC
Ref. Number: L17000146997

We have received your document for NUTRI-CORE NUTRITION AND WELLNESS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons
Regulatory Specialist II

Letter Number: 918A00005813

RECEIVED

2018 APR -2 PM12:06

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Nutri-Core Health and Wellness 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:

Carolyn M Ibrahim Pavlich
Name of Person

Nutri-Core Health and Wellness LLC
Firm/Company

2625 Colony Drive
Address

Dunedin FL 34698
City/State and Zip Code

Care811@aol.com

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

For further information concerning this matter, please call:

Carolyn M Ibrahim Pavlich
Name of Person

at (412)
Area Code

554-9950
Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

Nutri-Core Health and Wellness 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 7-31-2017 and assigned Florida document number L17000146997.

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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TALLAHASSEE, FLORIDA

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:

Carolyn M. Ibrahim Paulich

New Registered Office Address:

2625 Colony Dr

Enter Florida street address

Dunedin

City

Florida

34698

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.

Carolyn M. Ibrahim Paulich

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>
MGR/ OWNER	Carolyn M. Ibrahim Pavlich	2625 Colony Drive	<input checked="" type="checkbox"/> Add
	John Di Puci	Dunedin, FL 34698	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

18 APR 2018
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TALLAHASSEE, FLORIDA

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

I am submitting this amendment to
add myself, Carolyn M Ibrahim Pavlich as the
manager of this company. She is to have
full operational privileges

Thank you,

Carolyn M. Ibrahim Pavlich
S. M. I. P.

Attention: the original filing of the business
was not done correctly, this is the reason
for the Amendment

S. M. I. P.

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 3-29-18

S. M. I. P.

Signature of a member or authorized representative of a member

Carolyn M Ibrahim Pavlich

Typed or printed name of signee