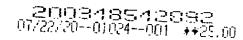
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COVER LETTER

	Registration Se Division of Cor			3	. د د مو
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SUBJEC	CT:	Nutri - COCE NUtring	ited Liability Company		_
		Name of Isin	ned manny company		
The encl	osed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please re	eturn all correspo	ndence concerning this matter	to the following:		
		Carolyn	Ibrahim Pavlich		
			Name of Person		
		Muta-Co	ce Nutrition and W	ellness	
			Firm/Company		20 S
		2625 (Colony Derive		2020 JUL 15 AM 7: 47 SECRETARY OF STATE TALLAHASSEE. FL
			Address		
		Dune	edin, FL 34695		AS U
			City/State and Zip Code		
			1811 @aol.com		7:4
		E-mail address: (to be used for future annual report noti	fication)	
For furth	er information c	oncerning this matter, please c	all:		
<u>C</u>	arolyn It	orahim Paulich	at (<u>A12</u>) <u>554-9</u> Area Code Daytim	1950	
	Name o	f Person	Area Code Daytim	e Telephone Nun	nber
Enclosed	is a check for th	ne following amount:			
\$25.	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certi Certi:	0 Filing Fee, ficate of Status & fied Copy ional copy is enclosed)
	Mailing Addres		Street Address:	ation.	
Registration Section Division of Corporations		Registration Section Division of Corporations			
	P.O. Box 632	7	The Centre of T	Γallahassee	
	Tallahassee, I	L 32314	2415 N. Monro	e Street, Suit	æ 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	ulation and Wellness	
(Name of the Limited I (A I	iability Company as it now appears on our recording Limited Liability Company)	ords.)
The Articles of Organization for this Limited Liabi	lity Company were filed on 7.10.17	and assigned
Florida document number <u>L17000146997</u>	·	
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	.	SECTANTAL SECTION
Nutri-Care Nutrition	, LLC	
The new name must be distinguishable and contain the words	s "Limited Liability Company," the designation "L	LC" or the anoteviation—L.L.C."
Enter your winding offices address if applicable		F3 _ 111
Enter new principal offices address, if applicable		89 3 0
<u>(Principal office address MUST BE A STREET A</u>	(DDRESS)	ma +
		卫马 三
		111
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO.	x)	
<u> </u>		
	 	· · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/or regis		er the name of the new registered
agent and/or the new registered office address h	ere:	
Name of New Registered Agent:		
N . D . L. 1/202 A . I		
New Registered Office Address:	Enter Florida street adds	ress
	27.40.7.7.7.4.4.7.7.6.1.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4	
-		Florida
	City	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.

	I just want to change the name.
	to Nutri-Care Nutrition LLC
_	
_	
_	Thank You!
_	
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	7 (10.20)
ectiv	tive 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 605,020
	f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a nt's effective date on the Department of State's records.
	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
	u.
cord is file	
s file	July 10, 2020.
s file	Signature of a member or authorized representative of a member