

L17000155587

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

(Business Entity Name)

(Document Number)

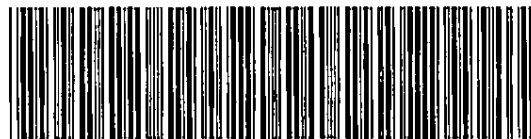
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2017 AUG 10 PM 12:33
CLERK OF STATE
TALLAHASSEE, FL 09107

K. SALY

AUG 17 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 2, 2017

SUMMIT NUTRA, LLC
SCOTT ALBRECHT
7069 PHILLIPS COVE CT.
ORLANDO, FL 32829

SUBJECT: SUMMIT NUTRA, LLC
Ref. Number: L17000155587

We have received your document for SUMMIT NUTRA, 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.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Karen A Saly
Regulatory Specialist II

Letter Number: 517A00015642

RECEIVED
2017 AUG 10 AM 11:10
OFFICE OF THE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Summit Nutra, 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:

Scott Albrecht
Name of Person

Summit Nutra, LLC
Firm/Company

7064 Phillips ~~Street~~ Cove Ct.
Address

Orlando, FL, 32829
City/State and Zip Code

Scottthomasalb@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Scott Albrecht at (813) 541-0302
Name of Person Area Code 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

Summit Nutra, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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2017 AUG 10 PM 12:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 7/20/2017 and assigned Florida document number L17000155587.

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 "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

5718 S Flags Blvd.
Apt. 1118
Orlando, FL. 32822

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

5718 S Flags Blvd.
Apt. 1118
Orlando, FL. 32822

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:

~~5718~~ 5718 S Flags Blvd. Apt. 1118
Enter Florida street address
Orlando, Florida 32822
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.


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>
<u>MGR</u>	<u>SCOTT T. ALBRECHT</u>	<u>5718 5 FLAGS BLVD.</u>	<input checked="" type="checkbox"/> Add
		<u>APT 1118</u>	<input type="checkbox"/> Remove
		<u>ORLANDO, FL 32822</u>	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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ORLANDO, FL 32822

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OFFICE OF THE
TALLAHASSEE, FLORIDA

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2017 AUG 10 PM 12:33
CLERK OF DISTRICT COURT
CALIFORNIA COUNTY OF KINGS

(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.

Dated _____, _____.

Signature of a member or authorized representative of a member

Typed or printed name of signee