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JUN 29 2020

AUG 1 1 2020 S. YOUNG

COVER LETTER

TO: Registration Se Division of Cor	porations			
SUBJECT: Sat	ween the L Name of Lim	ited Liability Company	and Nutrition	LLC
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	Lanaid.	Name of Person	<u> </u>	
		Firm-Company		
	3502 NW	18th Tar Address		
	Gainesvi	City/State and Zip Code 1766 am ail: Co. to be used for houre annual report noti	5	
	E-mail address:	176 e a mail : Co. to be used for hour annual report noti	fication)	
For further information c	oncerning this matter, please of			
Lanaidro Name o	i Person	at (352) 275- Area Code Daytim	1878 e Telephone Number	
Enclosed is a check for the	ne following amount:			
☐ S25.00 Filing Fee	(X\$30.00) Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
<u>Mailing Addres</u> Registration S Division of C	Section orporations	Street Address: Registration Sec Division of Cor	porations	
P.O. Box 632	/	The Centre of T	allahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited (A	Liability Company as it now Florida Limited Liability Com	appears on our records.)	70C	<u>. L</u>	h C
		on 6 25 2	020	and assi	igned
This amendment is submitted to amend the follow	ing:				
A. If amending name, enter the new name of the	ne limited liability compa	ny here:			
The new name must be distinguishable and contain the word	Is "Limited Liability Company.	"the designation "LLC" or t	he abbrevia	ation "L.	 L.C."
Enter new principal offices address, if applicab	le:		 -		
(Principal office address MUST BE A STREET.	ADDRESS)			020	ميدة عمد
			<u> </u>	<u> </u>	<u> </u>
Enter new mailing address, if applicable:	<u></u>			<u>₹</u>	: :-:
(Mailing address MAY BE A POST OFFICE BO	<u> </u>		- :	<u>்</u>	
				_ _ क	
		our records, enter the	name of	the new	<u>registered</u>
Name of New Registered Agent:			<u>< 5</u> /		<u></u>
New Registered Office Address:	3502 NW1	8th Ter er Florida street address			
			. 3:	240	5
B. If amending the registered agent and/or registered office address on our reagent and/or the new registered office address here: Name of New Registered Agent: Demay 10	, r ioriu.	Z: Z:	ip Code		
New Registered Agent's Signature, if changing Reg	istered 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.

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>	Name	Address	Type of Action
MBR	Lanaidra Anderson	3502 NW 18th Ter	7200
		3502 NW 18th Ter Gainesville, Fl. 3260	S □Remove
			©Change
			□Add
			∐Remove
			TChange
			©Add
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<u>łote:</u> If	the date inse	erted in this	s block does		applicable:				Pursuant to 605.6 will not be listed	
record s d is filed		elayed effec	ctive date, bi	it not an effec	ctive time, a	it 12:01 a.m.	on the earlie	er of: (b) The	e 90th day after	the
ated	<u> </u>	25		2	020	0				
			Signature	of a member of	or authorized	representativ	e of a member		*****	
			•			•				