

118000128821

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

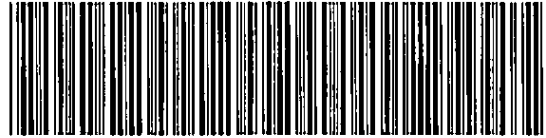
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

04085 corp LLC

Office Use Only



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2018 JUL -5 PM 4:25
ALL INFORMATION
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B FIGUEROA

JUL 11 2018



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 15, 2018

DIANE LAMBOS
16115 CRAIGEND PL
ODESSA, FL 33556

SUBJECT: NESTRE HEALTH AND PERFORMANCE, LLC
Ref. Number: L18000128821

We have received your document for NESTRE HEALTH AND PERFORMANCE, LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a corporation but your entity is a llc. Please complete the enclosed form. If you were ordering a certified copy and certificate of status, please enclose a check for \$7.50

Please return the corrected original and one copy of 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.

Brittany M Figueroa
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 218A00012544



RECEIVED

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REGISTRATION
DIVISION OF CORPORATIONS
FLORIDA DEPARTMENT OF STATE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NESTRE HEALTH AND PERFORMANCE, 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:

DIANE Lambos

Name of Person

NESTRE HEALTH AND PERFORMANCE

Firm/Company

16115 Craigend Place

Address

Odessa, FL 33556

City/State and Zip Code

dtlambos1@mac.com

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

For further information concerning this matter, please call:

DIANE LAMBOS

Name of Person

at (813) 476-0204

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)

PAID - See ATTACHED
LETTER and copy of check

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**

NESTRE HEALTH AND PERFORMANCE, 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 5/23/2018 and assigned
Florida document number W18000128821.

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)

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

, 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.

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	Thatcher, Robert W.	248 176 th Terr Dr.	<input type="checkbox"/> Add
		Redington Shores, FL	<input checked="" type="checkbox"/> Remove
		33708	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

2018 JUL -5 PM 4:25
ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED
DATE 11/15/2018 BY 60321 AUC/ML

E. Effective date, if other than the date of filing: _____ (optional)

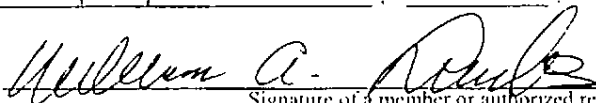
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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 July 1, 2018



Signature of a member or authorized representative of a member

William A. Lambos, MGR

Typed or printed name of signee