

L18000144837

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

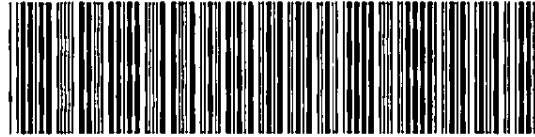
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FL

2021 MAR 30 PM 4:55

FILED

L116121

SUNBIZ

RE: Lee Cotton RDN, LLC

EIN #83-0936901

Address 3 Pineapple Lane, Stuart, Fl 34996

To Whom It May Concern:

Due to recent changes in the governing board of Registered Dietitians as mandated by the Commission on Dietetic Registration (CDR), the name of my company referenced above must be changed effective immediately to the name below while retaining the same EIN # and address:

**Lee Cotton Nutrition LLC**

In order to afford confirmation of my compliance to the Commission regarding this name change, I am requesting acknowledgement from the IRS of this name change be sent to me at the following address:

Lee Cotton  
3 Pineapple Lane  
Stuart, Fl 34996

If you require additional information, please contact me at the above address.

Thanking you in advance with your assistance in this matter.

Sincerely,

***Lee Cotton RDN, LLC***

## COVER LETTER

**TO: Registration Section**  
**Division of Corporations**  
Lee Cotton RDN LLC

**SUBJECT:** \_\_\_\_\_  
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:

Lee Cotton

\_\_\_\_\_  
Name of Person

Lee Cotton RDN LLC

\_\_\_\_\_  
Firm/Company

3 Pineapple Lane

\_\_\_\_\_  
Address

Stuart Fl. 34996

\_\_\_\_\_  
City/State and Zip Code

lee@leecottonrdn.com

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

For further information concerning this matter, please call:

Lee Cotton

561

307-0706

\_\_\_\_\_  
at ( )

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
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)

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

**FILED**

2021 MAR 30 PM 4:55

Lee Cotton RDN LLC

SECRETARY OF STATE

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

The Articles of Organization for this Limited Liability Company were filed on 06/12/18 and assigned  
Florida document number 1.18000144837.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

Lee Cotton Nutrition LLC

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**

[illegible]

[illegible]

(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 March 23, 2021

Signature of a member or authorized representative of a member

Typed or printed name of signee