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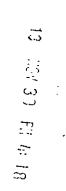
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## **COVER LETTER**

•	TO: Registration Section Division of Corporations
-	SUBJECT: Myokcell Sports Nutrition LCC Name of Limited Liability Company
	O 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:
	Araceli Comer
	Mgoxcell Sports Nutrition LCC
	18108 Palm Breeze DR
	City/State and Zip Code  ADD Acaceli 263 Dana, 1-Com  E-mail address: (to be used for tirture annual report not deation)
	E-mail address: (to be used for future annual report noticeation)
	For further information concerning this matter, please call:
	Araceli Comer at (713) 477-4914  Name of Person at (713) Area Code Daytime Telephone Number
	Enclosed is a check for the following amount:
	\$25.00 Filing Fee \$\Bigcup \text{S25.00 Filing Fee & Certificate of Status}\$\$ Certificate of Status \$\Bigcup \text{Certified Copy (additional copy is enclosed)}\$\$\$ 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

## New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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>	Name	Address	Type of Action
MGR	Araceli R. Comer	18108 Palm Breeze To	ampa, FL
		33647	🗆 Remove
			Change
AR	John Rusnak	18107 Palm Breeze	Z_□ Add
	-	Tampa, Fl 33647	Remove
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fective date, if other than the date of filing:  In effective date is listed, the date must be specific and cannot be prior to date of ote:  If the date inserted in this block does not meet the applicable state cument's effective date on the Department of State's records.	(optional) Tilling or more than 90 days after filing.) Pursuant to 605.02 utory filing requirements, this date will not be listed a
record specifies a delayed effective date, but not an eff The 90th day after the record is filed.	fective time, at 12:01 a.m. on the earlier
ted 11-28-18	
Signature of a member or authorized rep	rocustritica of a grambur
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Page 3 of 3

Filing Fee: \$25.00