

W8 000206205

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

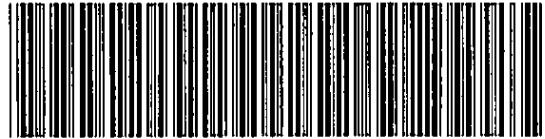
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

5/10

Office Use Only



700385120037

04/05/22--01020--014 **25.00

LLC

N/C

FILED
2022 MAY 10 PM 2:06
JUN 05 2022

TECHNOLOGY
JUN 05 2022

JUN 05 2022

TECHNOLOGY



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

2022 MAY 10 AM 7:49

SECRETARY OF STATE
TALLAHASSEE, FL

April 23, 2022

NICOLE BURGNER
2015 CECILE STREET
KISSIMMEE, FL 34741

SUBJECT: FUNCTIONAL HEALTH FOUNDATIONS, LLC
Ref. Number: L18000206205

We have received your document for FUNCTIONAL HEALTH FOUNDATIONS, 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) 245-6053.

Yvette Scott
Supervisor

Letter Number: 722A00009519

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Functional Health Foundations, 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:

Nicole Burgner
Name of Person

Functional Health Foundations, LLC
Firm/Company

2015 Cecile Street
Address

Kissimmee FL 34741
City/State and Zip Code

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

For further information concerning this matter, please call:

Nicole Burgner at (973) 583-9573
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**

Functional Health Foundations, 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 08/28/2018 and assigned Florida document number L18000206205

This amendment is submitted to amend the following:

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

The Gut Detox Coach, 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)

no change

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

no change

FILED
2022 MAY 10 PM 2:06
CLERK OF CIRCUIT COURT
JACKSONVILLE, FLORIDA

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

City, **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

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

(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)

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.

Nicole Burgner
Signature of a member or authorized representative of a member

Nicole Burgner
Typed or printed name of signer