L18000243874

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COVER LETTER

ision of Cor	porations			
Nutraflax W	eightloss & Wellness LLC		•	,
	Name of Limit	ed Liability Company		
I Articles of	Amendment and fee(s) are subn	nitted for filing.		
all correspo	ndence concerning this matter to	o the following:		
	Erma Melvin	•		
		Name of Person		
	Nutraflax Weightloss & We	ellness LLC		
		Firm/Company	· · · · · · · · · · · · · · · · · · ·	
	1313 East River Drive			
		Address		
	Margage Florida 33063			
		City/State and Zip Code		
	·			
	E-mail address: (to	o be used for future annual report r	ionfication)	
nformation c	oncerning this matter, please cal	11:		
n				
Name o	f Person		time Telephone Number	
a check for th	ne following amount:			
Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Certified Co	f Status & py
	Nutraflax Wanted and Articles of a all correspondent of the Name of the Articles of the Name of the Name of the Articles of the Name of th	Articles of Amendment and fee(s) are submailed correspondence concerning this matter to the Erma Melvin Nutraflax Weightloss & Weightl	Nutraflax Weightloss & Wellness LLC Name of Limited Liability Company If Articles of Amendment and fee(s) are submitted for filing. all correspondence concerning this matter to the following: Erma Melvin Name of Person Nutraflax Weightloss & Wellness LLC Firm/Company 1313 East River Drive Address Margage Florida 33063 City/State and Zip Code nutraflaxproducts@gmail.com E-mail address: (to be used for future annual report of the formation concerning this matter, please call: Name of Person Name of Person Total Area Code Day a check for the following amount: Filing Fee \$30.00 Filing Fee & Certified Copy	Nutraflax Weightloss & Wellness LLC Name of Limited Liability Company I Articles of Amendment and fee(s) are submitted for filing. all correspondence concerning this matter to the following: Erma Melvin Name of Person Nutraflax Weightloss & Wellness LLC Firm/Company 1313 East River Drive Address Margage Florida 33063 City/State and Zip Code nutraflax products@gmail.com E-mail address: (to be used for future annual report notification) information concerning this matter, please call: n Name of Person Name of Person Area Code Daytime Telephone Number a check for the following amount: Filing Fee \$30.00 Filing Fee & \$55.00 Filing Fee & Certificate of Status Certificate of Status Certificate of Certificate of Status Certificate of Certificate of Status Certificate of Status Certificate of Certificate of Status Certificate of Status Certificate of Certificate of Status Certificate of Status Certificate of Certificate of Certificate of Status Certificate of Status Certificate of Status Certificate of Certificate of Status

TO:

Registration Section

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

(Name of the Lim	ited Liability Compa (A Florida Limited	any as it now appears on our Liability Company)	records.)
The Articles of Organization for this Limited I Florida document number L18000243874	Liability Company	were filed on 10/16/2018	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, <u>enter the new name o</u>	of the limited liab	oility company here:	
The new name must be distinguishable and contain the	words "Limited Liabi	ility Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli Principal office address MUST BE A STRE			
Enter new mailing address, if applicable:		8930 WEST STATE RO	AD 84
(Mailing address MAY BE A POST OFFICE BOX)		SUITE 331	
		DAVIE FLORIDA 3332	4
B. If amending the registered agent and/or agent and/or the new registered office address.		address on our records,	
Name of New Registered Agent:	ERMA P MEL	VIN	(1)
New Registered Office Address:	5441 NW 15th	STREET BAY #1	address STA
	MARGATE	Enter Florida street	address _, Florida 330637
		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 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>	Address	Type of Action
			□Add
			□Remove
			□Change
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Effec	FEBRUARY 1st 2022 tive date, if other than the date of filing:
lf an ei Note:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as t
	nent's effective date on the Department of State's records.
	ord 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
rd is f	iled.
	1-02-2022
	, , 02 2022
Dated	
Dated	TO HO
Dated	The Helen
Dated	Signature of a member or authorized representative of a member