## 118000289864

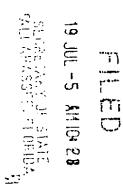
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## **COVER LETTER**

Division of Co BSG Brai	nds LLC	Ø.	<b>4</b>
SUBJECT:		nited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	oondence concerning this matter	to the following:	
	Jack B Lawler		
	BSG Brands LLC	Name of Person	
	612 Oak Ave	Firm/Company	
	Clearwater/FL 33756	Address	
	lawiessbeats@yahoo.com	City/State and Zip Code	
	E-mail address: (	to be used for future annual report noti	tication)
For further information	concerning this matter, please c	all:	
Jack B Lawler		727 4088442	
Name	of Person	at () Area Code Daytim	e 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

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BSG Brands LLC				
( <u>Name of the Limited Liability Compa</u> (A Florida Limited	any as it now appears on our records.) Liability Company)			
The Articles of Organization for this Limited Liability Company Florida document number $\frac{118000289864}{}$ .	were filed on 12/18/2018 and assigned			
This amendment is submitted to amend the following:				
. If amending name, enter the new name of the limited liab	pility company here:			
Effective Nutra LLC				
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "E.I.C" or the abbreviation "E.IC."			
nter new principal offices address, if applicable:	8 S Ft Harrison Ave			
Principal office address MUST BE A STREET ADDRESS)	Clearwater FL			
	33756			
nter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX)				
. If amending the registered agent and/or registered of egistered agent and/or the new registered office address her	<u>e</u> :			
Name of New Registered Agent:				
New Registered Office Address:	Enter Florida street address			

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.

Citr

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
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		CLEARWATER, FL 33755	■ Remove
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Typed or printed name of signee