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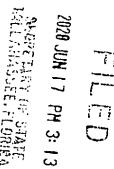
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COVER LETTER

TO:

Registration Section

Div	ision of Cor	porations			
/	Nutrition of	f Tampa Bay, LLC	٠		
SUBJECT:		Name of Lim	ited Liability Company		
The enclosed	Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return	all correspo	ondence concerning this matter	to the following:		
		Lindsay Allen			
			Name of Person		
		Nutrition of Tampa Bay, I	I.C	700	
		-	Firm/Company	10 M	
		12519 108th St		2020 JUN 17	
			Address	7. P.	
		Largo, FL, 33778		PM 3: 13	, (
			City/State and Zip Code		5
		lindsayallen90@gmail.com			
For further in	nformation c	e-mail address: (oncerning this matter, please c	to be used for future annual report not all:	incation)	
Marianne A	llen		865 566-1064		
	Name o	f Person	at () Area Code Daytin	ne Telephone Number	
Enclosed is a	a check for th	ne following amount:			
≅ \$25.00 F	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 enclose	
	iling Addres	 -	Street Address:	ection	
		orporations	Registration Se Division of Co		
P.C). Box 632	7	The Centre of	l'allahassee	
Tal	lahassee F	FI 32314	2415 N. Monro	ne Street Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Nutrition of Tampa Bay, LLC		
(Name of the Limited I	Jability Company as it now app Florida Limited Liability Compan	<u>ears on our records.</u>) y)
The Articles of Organization for this Limited Liabi Florida document number L19000007349	lity Company were filed on	January 4, 2019 and assigned
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of th	e limited liability company	here:
Back in Balance Nutrition, LLC		
The new name must be distinguishable and contain the words	s "Limited Liability Company," th	
Enter new principal offices address, if applicabl	e: N/A	7222
Principal office address MUST BE A STREET A	(DDRESS)	32 5
Enter new mailing address, if applicable:	N/A	The Paris
Mailing address MAY BE A POST OFFICE BO	<u> </u>	高州 3
3. If amending the registered agent and/or registered and/or the new registered office address have a Name of New Registered Agent:		r records, <u>enter the name of the new regi</u> s
Navy Pagistawad Office Address		
New Registered Office Address:	Enter F	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

<u>Title</u>	Name	Address	Type of Action □ Add □ Remove □ Change
			□Add
			□Remove
			Change
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fective date, if other than the date of an effective date is listed, the date must be specific. If the date inserted in this block document's effective date on the Department.	es not meet the a	ipplicable stati	filing or more than utory filing requi	(option 90 days after firements, this o	nal) iling.) Pun date will	suant to 6 not be li	605.020 isted a
ecord specifies a delayed effective date, is filed.	but not an effect	tive time, at 12	2:01 a.m. on the	earlier of: (b)	The 90	ih day af	fter the
ited June 15th	, 2020	<u></u> .					
	-1/1						
	ure of a member of						