## L19000201112

(Requestor's Name)		
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
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Office Use Only



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## **COVER LETTER**

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	Registration Section Division of Corporations				
	ABCD Eat	Right :-			
SUBJECT:  Name of Limited Liability Company					
The encle	osed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please ret	turn all correspo	ondence concerning this matter	to the following:		
		Brandice Hyatt			
			Name of Person		
		ABCD Eat Right			
	Firm/Company				
	11420 New Village Place				
			Address		
		Boca Raton, FL, 33428			
			City/State and Zip Code		
		brandice5@hotmail.com			
			to be used for future annual report r	notification)	
For further	er information c	oncerning this matter, please c	all:		
Brandice	Hyatt		561 8436937		
	Name o	f Person		time Telephone Number	
Enclosed	is a check for th	ne following amount:			
<b>■ \$</b> 25.0	O 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 Addres		Street Address:	='	
Registration Section			Registration Section		
Division of Corporations P.O. Box 6327			Division of Corporations The Centre of Tallahassee		
Tallahassee, FL 32314			2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ABCD Eat Right ↓ └ ⊂ (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 8/7/2019 and assigned Florida document number L19000201112 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: B. Hyatt Nutrition Consultants L. U. L. The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbroviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 흑 Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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 , Florida

## 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.

City

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>	<u>Name</u>	Address	Type of Action
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			□ Add
			Remove
			☐ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessar	(אנדוי)
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E. Effective date, if other than the date of filing:  (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 Note:  If the date inserted in this block does not meet the applicable statutory filing requirements, this date document's effective date on the Department of State's records.	g.) 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) Trecord is filed.	he 90th day after the
Dated Dicember 5 2022  Signature of a member or authorized representative of a member	
Brandice Hatt	

Filing Fee: \$25.00