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(Requ	uestor's Name)		
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PICK-UP	☐ WAIT	MAIL	
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Certified Copies	Certificates	s of Status	
Special Instructions to Fi	iling Officer:		
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Amend

MARRITTON

COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: NUTO	Name of Limit	7 LLC ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are subr	mitted for filing.	
Please return all correspo	ndence concerning this matter t	to the following:	
	Styphanie	Vinden Name of Person	
	Notrition Sp	Ot 707 LLC Firm/Company	
	13700 66th	5+ #1422 Address	
	Largo, FL Svirden 298 E-mail address: (1	City/State and Zip Code (a) Common 1. Common be used for future annual report notification.	ication)
For further information c	oncerning this matter, please ca	all:	
Stophanie Name o	r Person	at (787) <u>504 - C</u> Area Code Daytime	1498/ Telephone Number
Enclosed is a check for th	ne following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 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

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		and assigned
Whation Sopt to7, U	ny as it now appears on our records.)	
(Name of the Climited Clabinty Compa (A Florida Limited)	Liability Company)	
	:	
The Articles of Organization for this Limited Liability Company	were filed on 12/16/19	and assigned
Florida document number <u>L 19 000 30 5500</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or t	he abbreviation "L.L.C."
		<i>a</i> .
Enter new principal offices address, if applicable:	8228 Ulmerto	1 hd.
(Principal office address MUST BE A STREET ADDRESS)	largo, FL 3375	<u> </u>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the</u>	name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter 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 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
MGR	Johnny Vencill	14763 Semirele Trail	⊠ Add
		14763 Semirale Trail Seminole, FL 33774	□Remove
			□Change
			□Add
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			🗆 Change
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record spe is filed.	ecities a delaye	d effective date, b	out not an effect	ive time, at 12:0)1 a.m. on the ear	lier of: (b) The 9	0th day after the
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-		W Signatur	re of a member or	authorized repre	sentative of a memb	рег	
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