Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000225190 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : SUNBIZ ONLINE LLC

Account Number : I20210000128 Phone : (305)244-9500

Fax Number : (954)827-9354

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Empil	Address:			
CINGTI	Augress:			

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ONE CHOICE NUTRITION LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

I. LEMIEUX

JUH 0 2 2024

Electronic Filing Menu Corporate Filing Menu

## COVER LETTER

TO: Registration S Division of Co			·
V 3	ONE CHOR	CE NUTRITION LLC	•
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
		RODRIGO URBINA	
		Name of Person	<del></del>
		SUNBIZ ONLINE LLC	
		Firm/Company	
		Address	<del> </del>
		HOLLYWOOD, FL 33020	
		City/State and Zip Code	
		DRIGO@SUNBIZONLINE.ORG	
	E-mail address: (	to be used for future annual report no	otification)
For further information	concerning this matter, please c	ali:	
RODRIC	O URBINA	305 at ( )	244-9500
Name	of Person	Area Code Dayti	me 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)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	Section Corporations	Street Address: Registration S Division of Co	orporations
P.O. Box 63 Tallahassee,		The Centre of 2415 N. Mont	Tallahassee roe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	HOICE NUTRITION LLC				
( <u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appears on Limited Liability Company)	our records.)			
The Articles of Organization for this Limited Liability C Florida document number		01/02/2020	and assigned		
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limit	ted liability company here:				
N/A			1 - 1-2'		
The new name must be distinguishable and contain the words "Lim					
Enter new principal offices address, if applicable:	320	320 CLEAR LAKE WAY ORLANDO, FL 32805			
(Principal office address MUST BE A STREET ADDR	(ESS) OF				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		N/A	<b>@</b>		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our reco	rds, <u>enter the nam</u>			
Name of New Registered Agent:		N/A	FH 2:5		
New Registered Office Address:		ON ST. SUITE 3			
	Enter Florida s	street address	VD		
	HOLLYWOOD	, Florida	33020		
	City	_	Zw 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
N/A	N/A	N/A	□Add
			□Remove
			☐ Change
			□Add
			Remove
			☐ Change
<del> </del>			□Add
			□Remove
			☐C'hange
			□Add
			Remove
			Change
<del></del>			□Add
			Remove
			☐ Change
			□Add
			□Remove
			□Change

N/A					
		<u> </u>			
	·				
<del></del>					
<del> </del>				<del></del>	<del></del>
				<u>.</u>	
<u></u>					····
				ć41 <b>3</b>	
tive date, if	other than the date of file isted, the date must be specific	and cannot be prior to dat	e of filing or more than	( <b>optional</b> ) 90 days after filing.) Pu	rsuant to 605.
: If the date i	serted in this block does no re date on the Department o	ot meet the applicable :	statutory filing requir	ements, this date wil	not be liste
ment's effecti	e date on the Department o	it State's records.			
		~		E 643 75.00	w
ord specifies a filed.	delayed effective date, but r	not an effective time, a	# 12:01 a.m. on the e	artier of: (b) The 90	яп сау апст
	JULY 1	2024			
a					
		dime			
		/#/#1			
	Signature of	f a member or authorized	representative of a mer	nber	

: •

Filing Fee: \$25.00