## L20000135748

(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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(Document Number)
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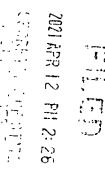


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## **COVER LETTER**

TO: Registration Sec Division of Corp			
SUBJECT:	Green Living Name of Limit	Nutrition & Alness led Liability Company	LLC
	mendment and fee(s) are subm		
Please return all correspon	dence concerning this matter t	o the following:	
		hel Genealyes Name of Person	
	Gree	n Living Nutrition &	2021 APR 12 PH 2: 26
	2196 SW 166+ A	Address	12 PH
	Miramer, FL	33027	
	1 63	City/State and Zip Code	/·; Oi
	U E-mail address: (to	@ q moil. com o be used for future annual report notific	cation)
For further information co	neerning this matter, please ca	H:	
Gabrel Gon	Calves Person	at ( <u>786</u> ) <u>302</u> 6 Area Code Daytime	12 & Felephone Number
Enclosed is a check for the	tollowing 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 S	ection	Street Address: Registration Sect	
Division of Co P.O. Box 6327	-	Division of Corp The Centre of Ta	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Green Living Nutrition &	fitness LLC.	
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) .iability Company)	<del></del>
The Articles of Organization for this Limited Liability Company Florida document number <u>L2000135748</u>	were filed on <u>05/19/2020</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
Green Living Vegan Fit The new name must be distinguishable and contain the words Limited Liabil	ness LLC	202
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or th	ne abbreviation EL.L.C.
Enter new principal offices address, if applicable:		20 20 20 20 20 20 20 20 20 20 20 20 20 2
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:	2196 SN 166th Ave	22 25 November 27 25
(Mailing address MAY BE A POST OFFICE BOX)	Miramar, FL, 33027	<b>-</b>
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:	address on our records, enter the r	name of the new registered
	, Florida	
	Cay	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:

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
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			⊡Remove
			□Change
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an effective date is listed, th ote: If the date inserted	than the date of filing: _ e date must be specific and car in this block does not meet on the Department of State	t the applicable statutor	ig or more than 90 days a	ptional) fier filing.) Pursuant to 60 this date will not be fis	)5,020 sted a
record specifies a The 90th day after	delayed effective date the record is filed.	e, but not an effect	tive time, at 12:0	1 a.m. on the earl	ier d
nted					
	11 -	<u>`</u>			
	Signature of a men	ther or authorized represe	ntative of a member	···	