

L20000191308

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

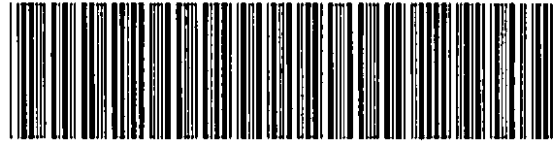
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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04/26/21--01011--003 **25.00

FILED
2021 MAY 20 PM 3:35
TALLAHASSEE, FL

D. BRUCE
JUL 01 2021



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 13, 2021

KYLE SPICER
105 WESTPARK DRIVE, STE 190
BRENTWOOD, TN 37027

SUBJECT: NUTRISHOP TAMPA, LLC
Ref. Number: L20000191308

We have received your document for NUTRISHOP TAMPA, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6842.

Deborah Bruce
Corporate Records Supervisor II

Letter Number: 121A00013094

2021 MAY 20 PM 3:36

121A00013094

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NUTRISHOP Tampa, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kyle Spicer
Name of Person

Firm/Company

105 WestPark Dr., Suite 190
Address

Bentwood, TN 37027
City/State and Zip Code

elena@wfggroup.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Elena Gonzalez at (615) 507-1500
Name of Person Area Code Daytime 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)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

↓
check was
sent w/
original
form
submission

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

2021 MAY 20 PM 3:36

FILED

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Nutrishop Tampa, LLC

(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 07/20/2020 and assigned Florida document number 620000191308

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

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

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
member	Frederick Amato	3316 Milkweed Dr.	<input type="checkbox"/> Add
		Murfreesboro, TN 37218	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2011 MAY 20 PM 3:33
MILKWEED DR.
MURFREESBORO, TN 37218

END

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

member Zach Sattler purchased
Frederick Amaro's Percent of ownership.
new ownership percentages should
be:

Kyle Spicer - 55%.

Zach Sattler - 35%.

Eugene Amaro - 10%.

2021 MAY 20 PM 3:36
STATE OF ILLINOIS
FILING

E. Effective date, if other than the date of filing: 5/4/2021 (optional)

(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.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated _____



Signature of a member or authorized representative of a member

Kyle Spicer

Typed or printed name of signer

Filing Fee: \$25.00