120000269824

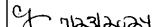
(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Busiless Littly Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



500432511775

37/41/04-055517-0337 (**15.65



COVER LETTER

	ision of Corp					
ello nezet.	KAIROS N	UTRITION LLC				
SUBJECT:						
The enclosed	f Articles of <i>i</i>	Amendment and fee(s) are sub	mitted for filing.			
Please return	all correspor	ndence concerning this matter	to the following:			
		VICTOR MARRERO				
			Name of Person			
		KAIROS NUTRITION LI	.C			
			Firm/Company			
		315 3RD ST NW				
			Address			
		WINTER HAVEN, FL 33881				
			City/State and Zip Code			
		victormarrero14@gmail.com				
		E-mail address: (to be used for future annual report no	tification)		
For further in	nformation co	oncerning this matter, please ca	all:			
VICTOR MARRERO		352 396-3922				
	Name of	Person	at () Area Code Daytii	me Telephone Number		
		e following amount:				
년 \$25,00 I	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)		
	iling Address		Street Address:	.•		
	gistration S	section orporations	Registration S			
	O. Box 632		Division of Corporations The Centre of Tallahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2024 371. 11 711 711 7: 12

ny as it now appears on our records.) Liability Company)
were filed on 08/31/2020 and assigned
ility company here:
lity Company," the designation "LLC" or the abbreviation "L.L.C."
address on our records, enter the name of the new registe

New Registered Agent's Signature, if changing Registered Agent:

Name of New Registered Agent:

New Registered Office Address:

KAIROS NUTRITION LLC

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

VICTOR MARRERO

315 3RD ST NW

WINTER HAVEN

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

, Florida 33881 Zip Code

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	ASHLEY ORTIZ	315 3RD ST NW	
		WINTER HAVEN, FL 33881	■Remove
			□Change
			□Add
		<u></u>	□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□ Remove
			Change

_	· · · · · · · · · · · · · · · · · · ·
_	
_	
_	
_	
n effect ote: If	e date, if other than the date of filing:
ecord s	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
ted	June 28 2024
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00