## 120000279263

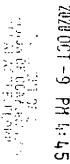
(Requestor's Name)
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PICK-UP WAIT MAIL
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## COVER LETTER

Division of Co			
OUD INZER	NI. to	100	
SUBJECT:	Name of Lim	+1010 - 515 LLC ited Liability Company	
	,	med manning symplety	
The enclosed Articles o	f Amendment and fec(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
		Ashley Cooper Name of Person	
		Firm/Company	<del>.</del>
		8987 SW 17th CT	
		1205 SW 30th ten	ace-A.c.
		Address	
		City/State and Zip Code  2.50161 58916 United to be used for inture annual report notion	Co M fication)
For further information	concerning this matter, please c	all:	
Ashli: Name	y Cooper of Person	at ( <u>786</u> ) <u>490 - 1</u> Area Code Daytime	O31 e 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)
<u>Mailing Addre</u> Registration		Street Address: Registration Sec	Sion
	Corporations	Division of Cor	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street. Suite 810
Tallahassee. FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

3

Nutrition - S	515 LLC	0
Nutrition	- Sich C	
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.)	17 to
(A Florida Limited L	nability Company)	2
The Articles of Organization for this Limited Liability Company	were filed on September, s	
Florida document number <u>L20000 279 263</u> .		55
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liability".	are U.C	
The new name must be distinguishable and contain the words "Limited Liabili	ity Company." the designation "LLC" or th	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:	8987 SW 17th CT	
(Principal office address MUST BE A STREET ADDRESS)	Miramar, FL, 330	D-5
Enter new mailing address, if applicable:	8987 SW 17th CT	
•		
(Mailing address MAY BE A POST OFFICE BOX)	Miramar, Fl, 330	→>
B. If amending the registered agent and/or registered office a	ddress on our records, enter the n	name of the new registered
agent and/or the new registered office address here:		
Name of New Registered Agent:		<del></del>
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
<del>- ::</del>	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	Membe

<u>Title</u>	Name	Address	Type of Action
<del></del>			
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			☐ Change
			□Add
			□Remove
			□Change
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an en l <mark>ote:</mark>	ive date, if other than the date of filing: September, 8, 20 20 (optional) ective 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. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as tent's effective date on the Department of State's records.
recor l is fi	d 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 led.
ated	·
	Signature of a member or authorized representative of a member
	Asin key Cooper Typed or printed name or signee

Filing Fee: \$25.00