

h21000042155

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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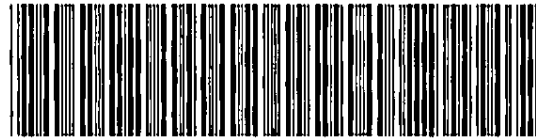
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B Biro

06-15-21

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: US1 NUTRITION 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:

RUBEN ALCOBA, ESQ

Name of Person

ALCOBA LAW GROUP PA

Firm/Company

6355 NW 36 STREET SUITE 201

Address

MIAMI, FLORIDA 33166

City/State and Zip Code

ALCOBA@ALCOBALAW.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RUBEN ALCOBA

305

362-8118

at ()

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)

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

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

FILED

2021 MAY -6 PM 1:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

US1 NUTRITION 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 01/21/2021 and assigned
Florida document number L21000042155.

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)

2134 NW 99 AVENUE

DORAL FLORIDA 33172

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2134 NW 99 AVENUE

DORAL FLORIDA 33172

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

City, Florida

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>
MGR	JUAN C GARCIA	8450 NW 102 AVENUE APT 307	<input type="checkbox"/> Add
		DORAL FLORIDA 33178	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MAURICIO CASTELLANO	2134 NW 94 AVENUE	<input checked="" type="checkbox"/> Add
		DORAL FLORIDA 33172	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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(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.

Dated 05/01/2021

JUAN CARLOS GARCIA, MGR

Filing Fee: \$25.00