

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

L21000200192

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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : FLORIDA ENTREPRENEUR LAW, P.A.
Account Number : I20190000063
Phone : (954)882-4119
Fax Number : (954)882-4119

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: ddudai@floridaentrepreneurlaw.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
METABOLIC PROMOTION, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

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Name of Limited Liability Company

Please return all correspondence concerning this matter to the following:

Name of Person

Firm/Company

Address

City/State and Zip Code

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

For further information concerning this matter, please call:

937-1599

at ()

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$60.00 Filing Fee.
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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

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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Metabolic Promotion 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 4/5/2021 and assigned
Florida document number L21000200192.

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

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

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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>
AMBR	Thomas O' Connor	2151 E. COMMERCIAL BLVD	<input type="checkbox"/> Add
		SUITE 302	<input checked="" type="checkbox"/> Remove
		FORT LAUDERDALE, FL 33308	<input type="checkbox"/> Change
AMBR	Wendy O' Connor	2151 E. COMMERCIAL BLVD	<input type="checkbox"/> Add
		SUITE 302	<input checked="" type="checkbox"/> Remove
		FORT LAUDERDALE, FL 33308	<input type="checkbox"/> Change
MGR	Anabolic Doc Inc.	2151 E. COMMERCIAL BLVD	<input checked="" type="checkbox"/> Add
		SUITE 302	<input type="checkbox"/> Remove
		FORT LAUDERDALE, FL 33308	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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