Division of Corporations

Florida Department of State

Univision of Corporations

Electronic Effing Court Sheet

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10: 26	Note: DO	NOT hit the REFRESH/RELOAD button on your browser from this page Doing so will generate another cover sheet.	ge.
E	То:		
5		Division of Corporations Fax Number : (850)617-6383	28/3
2033 02.0	From:	Account Name : FLORIDA ENTREPRENEUR LAW, P.A. Account Number : I20190000063 Phone : (954)882-4119 Fax Number : (954)882-4119	
		the email address for this business entity to be used for future nual report mailings. Enter only one email address please.**	ယ္ ယ (ဆ
	Ema	ail Address:ddudai@floridaentrepreneurlaw.com	n

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

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

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Corporate Filing Menu

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To:

Fax: (850) 617-6381

 $\begin{array}{ccc} & \text{Page: 2 of 5} & & 12/14/2023 \ 6:22 \ \text{PM} \\ (((H23000426782 \ 3))) & & \end{array}$ 

## **COVER LETTER**

TO: Registration Section
Division of Corporations

	Metabolic F	Promotion LLC		
SUBJECT: _				
		Amendment and fee(s) are sub		
Please return a	all correspon	ndence concerning this matter	to the following:	
		Danielle Dudai		
		<del> </del>	Name of Person	
		Florida Entrepreneur Law,	PA	
			Firm/Company	
		101 NE 3rd Avenue, Suite	1500	
			Address	
		Fort Lauderdale, FL 33301	1	
			City/State and Zip Code	
		ddudai@floridaentrepreneu	rlaw.com to be used for future annual report notif	ication)
For further inf	formation co	oncerning this matter, please c		(100)
Danielle Dud			954 937-1599	
	Name of	Person	at () Area Code Daytime	: Telephone Number
Enclosed is a	check for th	e following amount:		
<b>≡ \$</b> 25.00 Fi	ling 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

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

(additional copy is enclosed)

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Metabolic Promotion LLC	· · · · · · · · · · · · · · · · · · ·	
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our reco liability Company)	<u>irds.</u> )
The Articles of Organization for this Limited Liability Company Florida document number <u>L21000200192</u> .	were filed on 4/5/2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		28
(Principal office address MUST BE A STREET ADDRESS)		-,
(Principal office undress Mest BLASTRELL ADDRESS)		•
		<del></del>
Enter new mailing address, if applicable:		·:
(Mailing address MAY BE A POST OFFICE BOX)		<u>್ಲ</u> ಬ
1720000		φ
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:	iddress on our records, <u>ent</u>	er the name of the new registered
	Enter Florida street add	ress
		Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agraprovisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, provided for in Chapter 60.	and I am familiar with and 5. F.S. Or, if this document is
If Char	nging Registered Agent, Signatur	e of New Registered Agent

n: Michelle Suarez Fax: 19544005096 To: Fax: (850) 617-6381 Page: 4 of 5 12/14/2023 6:22 PM ((((123000426/023))))

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>	Type of Action
AMBR	Thomas O' Connor	2151 E. COMMERCIAL BLVD	🗆 Add
		SUITE 302	■Remove
		FORT LAUDERDALE. FL 33308	□Change
AMBR	Wendy O' Connor	2151 E. COMMERCIAL BLVD	□ Add
		SUITE 302	<b>≣</b> Remove
		FORT LAUDERDALE. FL 33308	□ Change
MGR	Anabolic Doc Inc.	2151 E. COMMERCIAL BLVD	■Add
-		SUITE 302	□Remove
		FORT LAUDERDALE, FL 33308	□Change
			□Add
			□ Remove
			Change
			☐Add
			Remove
			□Change
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Effective date, if other than t (If an effective date is listed, the date in Note: If the date inserted in this document's effective date on the	oust be specific and cannot block does not meet the	applicable statut	ling or more than 90 day	(optional) is after filing.) Pursuant to ts, this date will not be	605.0207 (3 listed as th
he record specifies a delayed effec ord is filed.	ive date, but not an effe	ective time, at 12:0	) I a.m. on the earlier	of: (b) The 90th day	after the
Dated December 13	2023	. · ·			
4		_			
Dr. Tom O' Connor	Designatific of a line moor	or authorized repre	sentative of a member		-

Filing Fee: \$25.00