



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

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

From:

Account Name : CAPITAL PRO SERVICES, LLC
Account Number : I20220000008
Phone : (772)249-5273
Fax Number : (772)264-6100

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

Email Address: cmdavila1972@yahoo.com

2022 APR 27 PM 2:04

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
MI SUENO BORICUA LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

FILED
2022 APR 27 AM 11:14
SEC. OF STATE
TALLAHASSEE, FLORIDA

T. LEMIEUX

Electronic Filing Menu

Corporate Filing Menu

He **APR 28 2022**

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MI SUENO BORICUA 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 06/07/2021 and assigned
Florida document number L21000263701

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

ER BODY NUTRITION LLC

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:

3418 WIGGINS COUNTRY LN

(Principal office address **MUST BE A STREET ADDRESS**)

PLANT CITY, FL 33566

Enter new mailing address, if applicable:

3418 WIGGINS COUNTRY LN

(Mailing address **MAY BE A POST OFFICE BOX**)

PLANT CITY, FL 33566

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:

CAPITAL PRO SERVICES LLC

New Registered Office Address:

1972 SW CAMEO BLVD

Enter Florida street address

PORT ST LUCIE

Florida 34953

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

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TALLAHASSEE, FLORIDA

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COVER LETTER

H220001506023

TO: Registration Section
Division of Corporations

SUBJECT: MI SUENO BORICUA 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:

CARMEN M DAVILA

Name of Person

MI SUENO BORICUA LLC

Firm Company

3418 WIGGINS COUNTRY LN

Address

PLANT CITY, FL 33566

City/State and Zip Code

CMDAVILA1972@YAHOO.COM

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

For further information concerning this matter, please call:

CARMEN M. DAVILA

863

873-0708

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

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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>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
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_____	_____	_____	<input type="checkbox"/> Change

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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 APRIL 26, 2022

Armen H. Davila

Signature of a member or authorized representative of a member

CARMEN M. DAVILA

Typed or printed name of signer

H 22 000 1500023

Filing Fee: \$25.00