

L 21000266 403

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

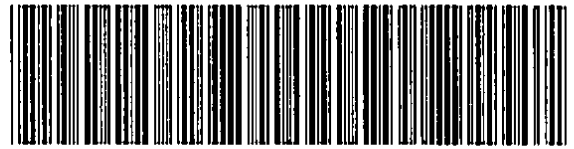
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800377359508

11/05/21--01013--007 \*\*25.00

FILED  
2021 NOV -5 PM 4:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LUC Amend.

12/3/21

DC



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 15, 2021

BE POSITIVE NUTRITION LLC  
8502 N. ARMENIA AVE .STE. 1D  
TAMPA, FL 33604

SUBJECT: BE POSITIVE NUTRITION LLC  
Ref. Number: L21000266403

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

AN AMENDMENT CAN NOT BE FILED ON A VOLUNTARILY DISSOLVED LLC.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

TERARRA A SIMMONS  
OPS

Letter Number: 921A00027661

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

Be Positive 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 June 8th, 2021 and assigned  
Florida document number L21000266403.

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:**

8502 N. Armenia Ave, Ste. 1D

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

Tampa Florida, 33604

**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

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	Belix Parks	10104 Mangrove Well Rd.	<input checked="" type="checkbox"/> Add
		Sun City Center, Florida 33573	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Marelin Pagan	18209 HOLLAND HOUSE LOOP	<input type="checkbox"/> Add
		Land O Lakes fl, 34638	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Alphonso Parks	10104 Mangrove Well Rd.	<input checked="" type="checkbox"/> Add
		Sun City Center, Florida 33573	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Dennis E. Rosario	1116 Tiburon Dr	<input checked="" type="checkbox"/> Add
		Seffner, FL 33584	<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

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

(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)

If the record 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 record is filed.

Back

## Belin Parks

Filing Fee: \$25.00