

L21 000342594

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

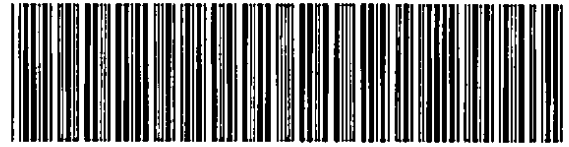
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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04/11/22--01045--025 **25.00

FILED
2022 MAY 31 PM 2:01
SECRETARY OF STATE
MASSACHUSETTS

Amend

JUN 30 2022

D CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NUTRITIST 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:

SARAVANAN KANNAPIRAN

Name of Person

NUTRITIST LLC

Firm/Company

207 W PLANT ST #770935

Address

WINTER GARDEN, FL 34777

City/State and Zip Code

nutritist.ceo@gmail.com

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

For further information concerning this matter, please call:

Saravanan Kannapiran 407 280-4443

Name of Person at () Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--------------------------------------------------------|------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

2022 MAY 31 PM 2:01

PM 1:50

RECEIVED



2022 MAY 31 PM 1:59

SECRET
TALLAH. FL
FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 2, 2022

SARAVANAN KANNAPIRAN
207 W PLANT ST, #770935
WINTER GARDEN, FL 34777

SUBJECT: NUTRITIST LLC
Ref. Number: L21000342594

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

The attached form must be completed in order to file the document.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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.

Octavia L Simmons
Regulatory Specialist II Supervisor

Letter Number: 922A00010082

2022 MAY 31 PM 2:01
and assigned

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

Florida document number 121000342594

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

Enter new principal offices address, if applicable:

207 W PLANT ST #770935

WINTER GARDEN, FL 34777

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

, Florida

Civ.

Zip Code

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>
AMBR	SARAVANAN KANNAPIRAN	207 W PLANT ST #770935	<input checked="" type="checkbox"/> Add
		WINTER GARDEN, FL 34777	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	KANNAPIRAN, SARAVANAN	7901 4TH ST N, STE 4000	<input type="checkbox"/> Add
		ST. PETERSBURG, FL 33702	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(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.

Dated May 26, 2022

SARAVANAN KANNAPIRAN
Typed or printed name of signee

Filing Fee: \$25.00