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## **COVER LETTER**

TO:

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

	egistration Se ivision of Corp				
SUBJECT		utrition LLC		1	
SUBJECT	•	Name of Lim	ited Liability Company		<del></del>
The enclos	ed Articles of a	Amendment and fee(s) are sub	mitted for filing.		
Please retu	m all correspo	ndence concerning this matter	to the following:		
		Jamarious Boatwright			
			Name of Person	-	
		Seminole Nutrion LLC			
			Firm/Company	<u>-</u>	
		3115 Whispering Dr N			
			Address		
		Largo, FL 33771			
			City/State and Zip Code	-	<del></del>
		jamarious.boatwright@gma E-mail address: (	il.com to be used for future annual report	notification)	<del></del>
For further	information co	oncerning this matter, please ca	·	,	
Jamarious	Boatwright		727 5047538		
	Name of	f Person	at () Area Code Da	ytime Teleph	one Number
Enclosed is	a check for th	ne 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)
	ailing Addressegistration S		Street Address Registration		

Division of Corporations The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Seminole Nutrition LLC		1021 ETD 17 1.11.10
(Name of the Limited Liability Compa (A Florida Limited)	ny as it now appears on our r	ecords.)
The Articles of Organization for this Limited Liability Company Florida document number L21000499516		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
Clearwater Nutrition LLC		
The new name must be distinguishable and contain the words "Limited Liabi	ity Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2480 E Bay DR suite 31 L	argo FL, 33771
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2480 E Bay DR suite 31 L	.argo FL, 33771
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>e</u>	nter the name of the new register
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address , Florida	
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete	ee to act in this capacity. performance of my dutie	I further agree to comply with s, and I am familiar with and

If Changing Registered Agent, Signature of New Registered Agent

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 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>	Address	Type of Action
			□Add
			\ \ \_Remove
			□Change
			□Add
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## Page 2 of 3

If amendi	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an effective Note: If th	date, if other than the date of filing:
the record ) The 90t	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: the day after the record is filed.
Dated Dece	ember 21 2021
-	Signature of a member or authorized representative of a member
	Jamarious Boatwright
•	Typed or printed name of signee

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Filing Fee: \$25.00