L22000017310

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COVER LETTER

	egistration Se vision of Cor			
SUBJECT:		SUPPLEMENTS, LLC		
SUBJECTS		Name of Lim	ited Liability Company	
The enclose	ed Articles of	Amendment and fee(s) are sub	mitted for filing	
		ndence concerning this matter	-	
		ALCIANDO LORDAZO	A LUA CES	
		ALEJANDRO LORENZO	Name of Person	
		OBSIDIAN SUPPLEMEN		
		·• 	Firm/Company	
		5309 AVENAL DR		
			Address	
		LUTZ, FL, 33558		
			City/State and Zip Code	
		ALECLUACES@VERIZO E-mail address: (N.NE I to be used for future annual report no	tification)
For further	information c	oncerning this matter, please c	all:	
ALEJAND	RO LORENZ	O-LUACES	813 404-1060	
	Name o	f Person	at () Area Code Daytii	me Telephone 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 Addres		Street Address: Registration So	ection
Registration Section Division of Corporations		Division of Co	rporations	
Р.	O. Box 632	7	The Centre of	Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OBSIDIAN SUPPLEMENTS, LLC		
(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our records.) d Liability Company)	
The Articles of Organization for this Limited Liability Compa-	ny were filed on 01/07/2022	and assigned
Florida document number L22000017310		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lis	ability company here:	
The new name must be distinguishable and contain the words "Limited Lie	ability Company," the designation "L1.C" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		
		2022
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	e address on our records, <u>enter the n</u>	ame of the new registered
mgent und of the new regimered office address here.		^ N
Name of New Registered Agent:		
		
New Registered Office Address:	Enter Florida street address	75 2
	. Florida	
	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>	Address	Type of Action
AMBR	ROBIN BEEKMAN	14305 BRENTWOOD DRIVE	
		TAMPA, FL 33618	□Remove
			□Add
			Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change
			\ _Add
		-	□Remove
			Remove
			□Change

ffective date, if other than the date of filing:		· · · · · · · · · · · · · · · · · · ·	-
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Filing Fee: \$25.00