

L22000208721

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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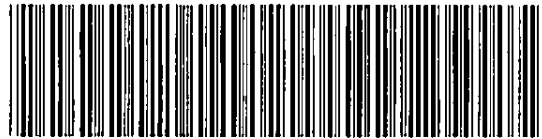
(Business Entity Name)

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## COVER LETTER

TO: Registration Section  
Division of Corporations

Lake Area Nutrition LLC

SUBJECT: \_\_\_\_\_  
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:

Cadie Osteen

\_\_\_\_\_  
Name of Person

Melrose Nutrition LLC

\_\_\_\_\_  
Firm/Company

161 SE 34<sup>th</sup> St.

\_\_\_\_\_  
Address

Keystone Heights, FL 32656

\_\_\_\_\_  
City/State and Zip Code

melrosetnutritionclub@gmail.com

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

For further information concerning this matter, please call:

Cadie Osteen

\_\_\_\_\_  
Name of Person

at ( 352 )

Area Code

672 - 4454

\_\_\_\_\_  
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

Lake Area Nutrition LLC

Melrose Nutrition LLC

300 State Rd 26, suite 103  
Melrose, FL 32666

161 SE 34 St.  
Keystone Heights, FL 32656

Zip Code

**If Changing Registered Agent, Signature of New Registered Agent**



[illegible]

**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 August 1, 2024

Typed or printed name of signee