L22cc 2cs 721

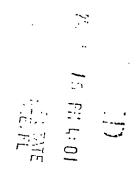
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
, ,
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



000434625140

08/16/24--01024--008 ++30.00



OS/16/24

COVER LETTER

TO:	_		Lake	Area	Nutrition	n ILLC
SUBJ	ECT:				· 	- '
	Registration Section Division of Corporations Lake Area Nutrition LLC Name of Limited Liability Company Inclosed Articles of Amendment and fee(s) are submitted for filing. The return all correspondence concerning this matter to the following: Cadie Osteen Name of Person Melvose Nutrition LLC Firm/Company 161 SE 34 - St. Address Laystone Heights FL 32656 City/State and Zip Code Melvose Nutrition club & amail = com E-mail address: [to be used for future annual report notification] further information concerning this matter, please call: Cadie Osteen Name of Person at (352) 672 - 4454 Area Code Daytine Telephone Number ased is a check for the following amount: S25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) Mailing Address: Registration Section Street Address: Registration Section					
The er	nclosed Articles of A	mendment and fee(s) are s	ubmitted for	r filing.		
Please	return all correspond	dence concerning this matt	er to the fol	lowing:		
		Name of Limited Liability Company Articles of Amendment and fee(s) are submitted for filing. all correspondence concerning this matter to the following: Cadie Osteen Name of Person Melvose Nutvition LLC Firm/Company 161 SE 34 th St. Address Keystune Heights, FL 32656 City/State and Zip Code Melvose nutvition club e gmail:com E-mail address: (to be used for future annual report notification) information concerning this matter, please call: Cadie Osteen Name of Person at (352) 672 - 4454 Daytine Telephone Number Incheck for the following amount: Tiling Fee (V \$30.00 Filing Fee & Certificate of Status & Certificate Of Status & Certificate Octory (additional copy is enclosed) Street Address: gistration Section Negistration Section Division of Corporations				
			Na	me of Person		
					trition	LLC
			Fir	m/Company		
		161	SE	34 th	S+	
				Addiess		
		<u>Keysto</u>	ne H	eights,	FL 30	1656
			•	•		
		E-mail addres	s: (to be used	for future aun	ual report notification)
For fu	rther information co	ncerning this matter, pleas	e call:			
			a	t (<u>352</u>)	672 -	4454
	Name of	Person		Area Code	Daytime Telepi	hone Number
Enclo	sed is a check for the	following amount:				
_ `\$:	25.00 Filing Fee		С	ertified Copy	,	Certificate of Status & Certified Copy
		 '		· · · · · · · · · · · · · · · · · · ·		
	_			_		ions
	P.O. Box 6327	-			Centre of Tallah	
	Tallahassee, F	L 32314		2415	N. Monroe Stre	et, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Lake Area	Nutrition LLC	,		
(Name of the Limited Liability Company (A Florida Limited Liab	as it now appears on our records.) \ elity Company)			
The Articles of Organization for this Limited Liability Company we Florida document number	re filed on 4-3-24	and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabilit				
Melrose Nutrition	· LLC			
The new name must be distinguishable and contain the words "Limited Liability				
Enter new principal offices address, if applicable:	300 State Rd Melrose , FL	26, suite 103		
(Principal office address MUST BE A STREET ADDRESS)	Melrose , FL	32666		
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.	161 SE 34 S Keystone Heights, i	32656		
agent and/or the new registered office address here:				
Name of New Registered Agent:		2.;		
New Registered Office Address:	Enter Florida street address			
	, Florida	16		
Name Danish and America Cinnetums of shounding Designations & Special	City (17)	., Zip Code.		
New Registered Agent's Signature, if changing Registered Agent:	T.	0		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete per accept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office as	erformance of my duties, and I am j ovided for in Chapter 605, F.S. Or,	familiar with and if this document is		

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
			□ Add
			□Remove
			Change
			□Add
			□Remove
			☐Change
		 	□Add
			□Remove
			Change
			□Remove
			□ Change
			□Add
			□Remove
			□Change
			□Remove、
			□Change

			_				
	<u> </u>					<u></u>	
	<u></u>				<u> </u>		
							
							
					<u> </u>		
							
			<u> </u>				
			····				
						····	
		<u> </u>					
fan effectiv Note: If t	date, if other than ve date is listed, the date the date inserted in the 's effective date on the	e must be specific an his block does not :	d cannot be prior to meet the applicab	date of filing or more ble statutory filing	(option re than 90 days after f requirements, this	iling.) Pursuant to 605	.0207 (ed as (
record sp d is filed.	pecifies a delayed eff	ective date, but no	t an effective tim	e, at 12:01 a.m. o	n the earlier of: (b)	The 90th day after	r the
	Augusti		, 2024				
Dated	9		<i>~</i> .				
Dated		Signature of a	member or author	\(\) ized representative (of a member		