## L22000223445

(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
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(Document Number)
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Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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Office Use Only



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## **COVER LETTER**

Tallahassee, FL 32314

TO: Registration So Division of Con				
cup in or	NUTRITIO	NAL HEALING LLC		
SUBJECT:	Name of Lin	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	TIMOTHY J POWERS			
		Name of Person  NUTRITIONAL HEALING LLC		
	NU			
		Firm/Company		
		10340 SW 84TH AVE		2027
		Address		2023
		MIAMI, FL 33156		ည်
		City/State and Zip Code		•
	TPOWERS@NUTRI-HEAL.COM			PH I2: 30
	E-mail address: (	to be used for future annual report notifi	cation)	30 74 15 15 15 15 15 15 15 15 15 15 15 15 15
For further information of	concerning this matter, please c	all:		
ТІМОТНҮ	J POWERS	407 72	1-4907	
Name o	d Person		Telephone Number	
Enclosed is a check for the	he following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	e of Status &
Mailing Addres Registration S Division of C	Section	Street Address: Registration Sec Division of Corp		
P O Box 632		The Centre of Ta		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AUTTOTIONAL HEALING LLC

NUTRITIONAL HE					
(Name of the Limited Liability Company a (A Florida Limited Liabi	s it now appear lity Company)	s on our records.)			
The Articles of Organization for this Limited Liability Company wer Florida document number	1 22000222445		ned		
lorida document number					
A. If amending name, enter the new name of the limited liability	company he	<u>re</u> :			
The new name must be distinguishable and contain the words "Limited Liability C	Company," the d	esignation "LLC" or the	abbreviation		2.7
Enter new principal offices address, if applicable:			<u></u>	023   073	
(Principal office address MUST BE A STREET ADDRESS)				NP.	
<del></del>				_မ	
			- :	PH	jįį
Enter new mailing address, if applicable:			1.1.1.	2	
(Mailing address MAY BE A POST OFFICE BOX)				30	
agent and/or the new registered office address here:	ress on our re	ecords, <u>enter the na</u>	ame of th	е пеж г	egistero
New Registered Office Address:					
<u> </u>	Enter Flor	ida street address			_
		, Florida	rp		
	City		Zip (	lode :	

## 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>	<u>Address</u>	Type of Action
MGR	NICHOLAS C POWERS	10340 SW 84TH AVE	<b>=</b> Add
		MIAMI, FL 33156	Remove
			Change
			□Add
			Remove
			□Change  □Add
			Rëmove Rëmove 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
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record spe is filed.	cifies a delayed effective dat	te, but not an effective time, at 12:01 a.m. on t	•	er the
	MARCH 28	2023	2023 APR	
ated	**************************************			F
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-	Sign	ature of a member or authorized representative of	i member	1 7
-	Signa	ature of a member or authorized representative of a	member PH 2:	

Filing Fee: \$25.00