

h22000298293

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

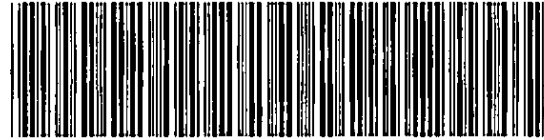
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2022 AUG -5 PM 4:05

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2/18/23
9/31/22



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

2022 OCT 31 PM 12:32

October 24, 2022

JAMES (JAMIE) MARCHIO

174 PARKSIDE DR
ST. AUGUSTINE, FL 32095

SUBJECT: MACH10 NUTRITION CONSULTANTS LLC
Ref. Number: L22000298293

We have received your document for MACH10 NUTRITION CONSULTANTS LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We do not accept the title "Owner" when amending filings. You may keep the title you have or you may use the title "Manager or MGR."

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Nadira D McClees-Sams
EXECUTIVE ASSISTANT

Letter Number: 822A00023805

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Machio Nutrition Consultants LLC
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:

James (Janie) Marchio

Name of Person

Machio Nutrition Consultants LLC

Firm/Company

174 Parkside Dr

Address

St. Augustine, FL 32095

City/State and Zip Code

Jamie and Teresa @ hotMail.com

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

For further information concerning this matter, please call:

James Marchio

Name of Person

at (904) 888-6332

Area Code

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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Marchio Nutrition Consultants LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 7/8/2022 and assigned
Florida document number L22000298293

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Marchio Management Group LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the 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)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

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>	<u>Address</u>	<u>Type of Action</u>
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MGR	James Marchio	174 Parkside Dr	<input type="checkbox"/> Add
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		St. Augustine, FL 32095	<input type="checkbox"/> Remove
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			<input checked="" type="checkbox"/> Change
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MGR	Teresa Reyes	174 Parkside Dr	<input type="checkbox"/> Add
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		St. Augustine, FL 32095	<input type="checkbox"/> Remove
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			<input checked="" type="checkbox"/> Change
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			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

JAMES Marchio - change title to ^{correction} "Owner" and
remove "CEO" Manager

Teresa Reyes - change Title to ^{correction} "Owner" and
remove "CFO" Manager

2022 AUG - 5 PM 4: 05

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated July 31, 2022

James A. Marchio

Signature of a member or authorized representative of a member

JAMES A. Marchio

Typed or printed name of signee