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## **COVER LETTER**

O: Registration Section Division of Corporations	
UBJECT: Holistic Nutrition LLC	
Name of Limited Liability Company	
he enclosed Articles of Amendment and fee(s) are submitted for filing.	
lease return all correspondence concerning this matter to the following:	
Ximena Correa	
Name of Person	
Holistic Nutrition LLC Firm/Company	
5860 14th 5t W	
Bradenton, fl 34207 City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
or further information concerning this matter, please call:	
Name of Person at (352) 470 255 J  Area Code Daytime Telephone Number	
Name of Person Area Code Daytime Telephone Number	
nclosed is a check for the following amount:	
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & Certificate of Status \$\Bigcup \$55.00 Filing Fee & Certificate of Status \$\Bigcup \$60.00 Filing Fee, Certificate of Status \$\Bigcup \$60.00 Filing Fee	
Mailing Address:  Registration Section  Division of Corporations  P.O. Box 6327  The Centre of Tallahassee	
Tallahassee, FL 32314 2415 N. Monroe Street. Suite 810 Tallahassee, FL 32303	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears on our records,)

(A F	lorida Limited Li	iability Comp	pany)		
The Articles of Organization for this Limited Liabil Florida document number <u>L 23</u> 00030 9	ity Company v 294	were filed (	on Jua	e 28,26	) 2.3 and assigned
This amendment is submitted to amend the following	ng:				
A. If amending name, enter the new name of the	limited liabil	lity compa	iny here:		
The new name must be distinguishable and contain the words  Enter new principal offices address, if applicable					e abbreviation "L.L.C."  W  84207
(Principal office address MUST BE A STREET A	DDRESS)	Brade	enton,	f1 3	4207
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX  B. If amending the registered agent and/or registagent and/or the new registered office address he	tered office a				S+ W 3 4 2.07 ame of the new regi
Name of New Registered Agent:	Alex	D	Perez		· ·
Name of New Registered Agent:  New Registered Office Address:	5860 <u> </u>	14 th	S+ er Florida stri	eet address	
_	Braden	ton		, Florida	34207
					Zip Code
Naw Dagistaead Agant's Signatura, if changing Dagis	stered Aponts				

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
CEO	Ximena Correa	12.170 Trailhead Dr	□Add
		Bradenton, F1 34211	\Remove
nneration		·	□Change
Manager	Alex D Perez	12170 Trailhead Dr	□Add
		Bradenton, fl 34211	Aremove
		<del></del>	□Change
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	(optional)	
ective date, if other than the date of filing:  n effective date is listed, the date must be specific and cannot be prior to date te: If the date inserted in this block does not meet the applicable streament's effective date on the Department of State's records.	of filing or more than 90 days after filing.) Po	ursuant to 605.0207 Il not be listed as
ecord specifies a delayed effective date, but not an effective time, at is filed.	12:01 a.m. on the earlier of: (b) The 9	Oth day after the
1cd April 30 2024.		
Signature of a member or authorized re		

Typed or printed name of signee