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COVER LETTER

	Registration Se Division of Cor			
CUD IEC		Nutrition, LLC		
SUBJEC	l:	Name of Lim	ited Liability Company	
The enclo	sed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please reti	um all correspo	ndence concerning this matter	to the following:	
		Paul L Burton		
			Name of Person	
			Firm/Company	
		3879 US-301- Ste 117		
			Address	·
		Riverview, FL 33578		
			City/State and Zip Code	
		paulb@madsupps.com		
For furthe	r information c	e-mail address; (to be used for future annual report no all:	ourication)
Paul L Bu	ırton		724 719-8102	
	Name o	f Person	Area Code Dayti	me Telephone Number
Enclosed	is a check for th	ne following amount:		
■ \$ 25.0	0 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addres Registration S		Street Address: Registration S	ection
	Division of C		Division of Co	
	P.O. Box 632		The Centre of	
j	l'allahassee, I	TL 32314	2410 N. Monr	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Mad Supps Nutrition, LLC		
(Name of the Limited Liability Co (A Florida Lim	mpany as it now appears on our recor ited Liability Company)	'ds.)
he Articles of Organization for this Limited Liability Comp	oany were filed on 4/22/24	and assigned
lorida document number L24000188162		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited	liability company here:	
he new name must be distinguishable and contain the words "Limited I	Liability Company," the designation "LL	C" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS	<u> </u>	
		024
		100 TI
nter new mailing address, if applicable:	3879 US-301- Ste 172	128
Mailing address MAY BE A POST OFFICE BOX)	Riverview, FL 33578	SST TO IT
22.11.00.01.10.00.19		
	· -	72 3
3. If amending the registered agent and/or registered off	ice address on our records, ente	ee -1
gent and/or the new registered office address here:	· ·	
Name of New Registered Agent:		
Naw Pagistared Office Address:		
New Registered Office Address:	Enter Florida street addre	ess
	. F	Torida
	City	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>	Type of Action
MGR	Paul L Burton	3879 US-301- Ste 172, Riverview FL 33578	= Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
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Please add th	ne following EIN	- 32-0772153					
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			5/20/24				
If an effective date	if other than the is listed, the date must enserted in this lettive date on the lettive date on the lettive date.	ist be specific at lock does not	ng: nd cannot be pri meet the appl	icitote amicio	ng or more than 9 ry filing require	(optional) days after filing. ments, this date	3 Pursuant to 605.03
e record specifie and is filed.	s a delayed effect	ve date, but no	ot an effective	time, at 12:0	l a.m. on the ea	rlier of: (b) Th	ie 90th day after t
May 20			2024				
Dated		$\rightarrow \overline{}$	-,	·			
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Filing Fee: \$25.00