# L24000227503

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



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## **COVER LETTER**

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

**Division of Corporations** 

TO:

	PLEMENTS LLC		
SUBJECT:	Name of Lin	nited Liability Company	<del></del>
The enclosed Articles of A	mendment and fee(s) are sub	omitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	LAWRENCE MORONI		
		Name of Person	
		Firm/Company	<del></del>
	806 SE 7TH ST, UNIT C	104	
		Address	
	DEERFIELD BEACH, FI	L 33441	
		City/State and Zip Code	
	KIWIDIETNZ@GMAIL.C	COM (to be used for future annual repo	
For further information col	re-mail address: neerning this matter, please o		m normeation)
	neering this matter, prease c		000
LAWRENCE MORONI		954 643-1888at ()	
Name of	Person	Area Code 「	Daytime Telephone Number
Enclosed is a check for the	following amount:		
■ \$25.00 Fiting Fee	□ \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Se		Street Addry Registratio	
Registration Section Division of Corporations		Division of Corporations	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FIJIAN SUPPLEMENTS LLC	
( <u>Name of the Limited Liability Company a</u> (A Florida Limited Liabi	as it now appears on our records.) ility Company)
The Articles of Organization for this Limited Liability Company we Florida document number $\frac{1.24000227503}{1.000000000000000000000000000000000000$	ere filed on 05/16/2024 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability	y company here:
NEW ZEALAND SUPPLEMENTS LLC	
The new name must be distinguishable and contain the words "Limited Liability C	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)	
_	2021 ST T
	AL SE TI
Enter new mailing address, if applicable:	22 N
Mailing address MAY BE A POST OFFICE BOX)	(2)
maning dualess mal bl. Al OST OFFICE BOX	E E
_	me N
3. If amending the registered agent and/or registered office add agent and/or the new registered office address here:	ress on our records, enter the name of the new regist
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	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>	Address	Type of Action
			□Remove
			Change
			□ Add
			□Remove
			□ Change
			□ Remove
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Effect	ive date, if other than the date of filing:(optional)
(If an eff	rective 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)(1) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the tent's effective date on the Department of State's records.
the recor	d 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 led.
Dated	Sept 20th 2024
	Signature of a member or authorized representative of a member
	LAWRENCE MORONI

.... ... ...

Typed or printed name of signee

## **COVER LETTER**

	Registration Sec Division of Corp			
CHR IEC		PPLEMENTS LLC		
Name of Limited Liability Company				
The enclo	sed Articles of A	Amendment and fee(s) are sub	bmitted for filing.	
Please ret	um all correspor	ndence concerning this matter	r to the following:	
		LAWRENCE MORONI		
			Name of Person	
			Firm/Company	
		806 SE 7TH ST, UNIT C		
			Address	
		DEERFIELD BEACH, FI	L 33441	
		_	City/State and Zip Code	
		KIWIDIETNZ@GMAIL.C	(to be used for future annual report notification)	
For further	er information co	oncerning this matter, please o		
LAWRE	NCE MORONI		954 643-1888 at ( )	_
	Name of	Person	Area Code Daytime Telephone Number	_
Enclosed	is a check for th	e following amount:		
≣ \$25.0	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & S60.00 Filing F Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is	Status &
-	Mailing Address Registration S		Street Address: Registration Section	
Registration Section Division of Corporations			Division of Corporations	
P.O. Box 6327		7	The Centre of Tallahassee	
•	Tallahassee, F	FL 32314	2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303