

MI8000 009 500

(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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Office Use Only



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03/09/18--01032--019 ++25.00

2018 SEP 23 PM 1:50

Amend

SEP 23 2019

I ALBRITTON

COVER LETTER

TO: Registration Section
Division of Corporations

ATTN: IRENE ALBRIGHTON

SUBJECT: NUTRASMART LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Benjamin Plaze
Name of Person

NUTRASMART LLC
Firm/Company

4031 NE 13th Ave
Address

POMPANO BEACH FL 33064
City/State and Zip Code

ATSATLANTIC57@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Benjamin Plaze at (954) 638-9608
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$30 Filing Fee &
Certificate of Status

☐ \$55 Filing Fee &
Certified Copy

☐ \$60 Filing Fee,
Certificate of Status &
Certified Copy



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 17, 2019

BENJAMIN PLAZA
4031 NE 13TH AVE
POMPANO BEACH, FL 33064

SUBJECT: NUTRASMART, LLC
Ref. Number: M18000009500

We have received your document for NUTRASMART, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Florida Limited Liability Company, but your entity is a Foreign Limited Liability Company. Please complete and return the enclosed blank form(s).

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) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 919A00019194

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: NUTRASMART LLC

Enter new principal office address, if applicable: 4031 NE 13TH AVE

(Principal office address
MUST BE A STREET ADDRESS)

POMPAHO BEACH FL 33064

Enter new mailing address, if applicable:

(Mailing address
MAY BE A POST OFFICE BOX)

4031 NE 13TH AVE

Pompano Beach, FL 33064

2. The Florida document number of this limited liability company is: M180000095

3. Jurisdiction of its organization: OH

4. Date authorized to do business in Florida: 10/16/18

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: _____
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer 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: Benjamin Plaz

New Registered Office Address: 4031 NE 13TH AVE

Enter Florida Street Address

Pompano Beach

City

Florida 33064

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.

[Signature]
If Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

<u>Title/Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
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MGR	Anthony Kling	5109 LA SEDONA CTR	<input type="checkbox"/> Add
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		Delray Beach FL 33454	<input checked="" type="checkbox"/> Remove
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ANBR	Michael Ruhl	29805 Electric Drive	<input checked="" type="checkbox"/> Add
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		Bay Village, OH 44140	<input type="checkbox"/> Remove
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			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
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9. Attached is a certificate, if required: no more than 90 days old, evidencing the
aforementioned amendment(s), duly authenticated by the official having custody of records in the
jurisdiction under the law of which this entity is organized.



Signature of the authorized representative

Benjamin Pless

Typed or printed name of signer

Filing Fee: \$25.00