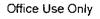
M18000 009 500

		<u> </u>
(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name	e)
		_
(100	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





600333502776

03/09/19--01092--019 **25.00

2015: 13 FM 1:50

Amend

SEP 2 3 2019

I ALBRITTON

COVER LETTER

COAFE	(DET LEIK
TO: Registration Section Division of Corporations	ATTN: FRENT ALBRETTO
SUBJECT: Name of Foreign Lin	mited Liability Company
Dear Sir or Madam:	
The enclosed application, certificate and fee(s) are	submitted for filing.
Please return all correspondence concerning this ma	atter to the following:
Benjamin Plate Name of Person	
NGTENSIMERT CCC Firm/Company	
4031 NE 13" Ave Address	
PAPANO BEACH FC 33064 City/State and Zip Code	 .
ATSATLANTICS TO GNATC. CON E-mail address: (to be used for future annual rep	port notification)
For further information concerning this matter, ple	ease call:
Benjama Plaze a 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: \$\sum \\$30 \text{Filing Fee} \sum \\$30 \text{Filing Fee & Certificate of Status}	S55 Filing Fee & S60 Filing Fee. Certified Copy Certificate of State Certified Copy
CR2E055 (9/15)	



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.

Letter Number: 919A00019194

Irene Albritton
Regulatory Specialist II

www.sunbiz.org

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 appear	s on the records of the Florida Department of
State: NUTRASIMART LLC	
Enter new principal office address, if applicable:	4031 NE 13th Ave
(Principal office address MUST BE A STREET ADDRESS)	PomPANO BEACH FC, 379-4
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	4031 NE 13th Ave Pempano Beach, TC 33064 =
2. The Florida document number of this limited lia	bility company is: M180000095
3. Jurisdiction of its organization: 5 H	नम् = :
4. Date authorized to do business in Florida: 101	116/18 3
SECTION II (5-9 complete only the applicable o	
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 copy of the written consent of the managers or man must contain "Limited Liability Company," "L.L.C	for the purpose of transacting business in Florida and attach a maging members adopting the alternate name. The alternate name." or "LLC.")
6. If amending the registered agent and/or registered registered agent and/or the new registered office ad Name of New Registered Agent:	
<i>J</i>	
Po	Enter Florida Street Address Enter Florida Street Address City Florida 330le 1 Zip Code
the provisions of all statutes relative to the proper a and accept the obligations of my position as registe	t and agree to act in this capacity. I further agree to comply with and complete performance of my duties, and I am familiar with tred agent as provided for in Chapter 605, F.S. Or, if this in the registered office address. I hereby confirm that the limited

If Changing Registered Agent, Signature of New Registered Agent

Fitle/ Capacity	Name	<u>Address</u>	Type of Action
MGR	Anthony Kling	5109 LA SEDONA LER	Add
		Delay Beach Fl 33454	Remov
MBR	Michael Richl	29805 Electric Prive	XAdd
		Bay Village, OH 44140	Remos
			[]Add
			Remov
			Add
			Remove
			Add
			Remov
aforemention	a certificate, if required: no more than 90 ned amendment(s), duly authenticated bunder the law of which this entity is organized.	y the official having custody of records in the	:

Filing Fee: \$25.00