

M19 000011794

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

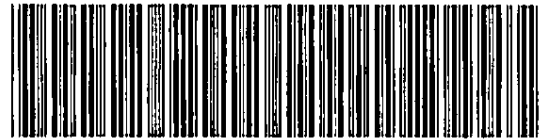
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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22 JAN 20 14 3:25

T. MATTHEWS

FEB 10 2022



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 10, 2021

MICHAEL A. SCOTT, ESQ  
10181 SIX MILE CYRESS PKWY, STE C  
FT MYERS, FL 33966

SUBJECT: LEAN NUTRACEUTICALS, LLC  
Ref. Number: M19000011794

We have received your document for LEAN NUTRACEUTICALS, LLC and your check(s) totaling \$30.00. 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 LLC, but your entity is a FOREIGN LLC. 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.

Tekayla T Matthews  
OPS

Letter Number: 821A00027441

# COVER LETTER

RECEIVED

TO: Registration Section  
Division of Corporations

2022 JAN 28 AM 9:00

SUBJECT: LEAN NUTRACEUTICALS LLC

SECRETARY OF STATE  
TALLAHASSEE, FL

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:

Luca Di Nunzio

Name of Person

Dorcey Law Firm, PLC

Firm/Company

10181 Six Mile Cypress Pkwy Ste C

Address

Fort Myers, FL 33966

City/State and Zip Code

support@dlfregisteredagent.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Luca Di Nunzio

Name of Person

at (239) 308-1073  
Area Code & Daytime Telephone Number

**Mailing Address:**

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

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

CR2E055 (9/15)

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

22 JUN 2019 PM 3:25

**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: LEAN NUTRACEUTICALS, LLC

Enter new principal office address, if applicable: 11714 ADONCIA WAY, #5001

(Principal office address  
MUST BE A STREET ADDRESS) FORT MYERS, FL 33912

Enter new mailing address, if applicable: 11714 ADONCIA WAY, #5001

(Mailing address  
MAY BE A POST OFFICE BOX) FORT MYERS, FL 33912

2. The Florida document number of this limited liability company is: M19000011794

3. Jurisdiction of its organization: Wyoming

4. Date authorized to do business in Florida: 11/18/2019

**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: \_\_\_\_\_

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.*

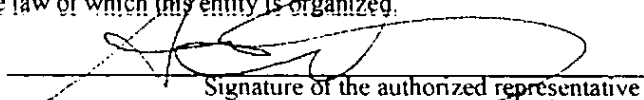
\_\_\_\_\_  
If Changing Registered Agent, Signature of New Registered Agent

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>
MGR	METCALFE, SCOTT A	11220 PASEO GRANDE BLVD #5205	<input type="checkbox"/> Add
		FORT MYERS, FL 33912	<input checked="" type="checkbox"/> Remove
MGR	METCALFE, KATHLEEN A	11220 PASEO GRANDE BLVD #5205	<input type="checkbox"/> Add
		FORT MYERS, FL 33912	<input checked="" type="checkbox"/> Remove
MGR	METCALFE, SCOTT A	11714 ADONCIA WAY, #5001	<input checked="" type="checkbox"/> Add
		FORT MYERS, FL 33912	<input type="checkbox"/> Remove
MGR	METCALFE, KATHLEEN A	11714 ADONCIA WAY, #5001	<input checked="" type="checkbox"/> Add
		FORT MYERS, FL 33912	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

SCOTT A METCALFE

Typed or printed name of signee

Filing Fee: \$25.00