

m23000009827

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

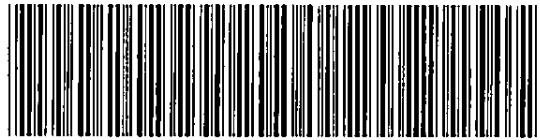
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



800418153278

LLC Amend

11 2023 11027-012 9.23.01

FILED  
2023 DEC -5 AM 8:23

A. RAMSEY

DEC -6 2023

X 00789, 00524, 00671



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 15, 2023

MISSY ATKINS  
ARETE DIET AND HEALTH LLC  
7110 REMINGTON OAKS LOOP  
LAKELAND, FL 33810

SUBJECT: ARETE DIET AND HEALTH LLC  
Ref. Number: M23000009827

We have received your document for ARETE DIET AND HEALTH 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 that you submitted is incorrect. It is for a Florida limited liability company and your entity is a foreign (out of state) limited liability company. I have enclosed the correct form.

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.

Annette Ramsey  
OPS

Letter Number: 023A00026475

*CORRECTED ATTACHED*

*3*

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

Arete Diet and Health LLC

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

Missy Atkins

\_\_\_\_\_  
Name of Person

Arete E-Commerce Group LLC

\_\_\_\_\_  
Firm/Company

7110 Remington Oaks Loop

\_\_\_\_\_  
Address

Lakeland, Florida 33810

\_\_\_\_\_  
City/State and Zip Code

missy.atkins@areteecommercegroup.com

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

For further information concerning this matter, please call:

Missy Atkins 561 644-0250  
\_\_\_\_\_  
Name of Person at ( ) \_\_\_\_\_  
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

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

**SECTION I (I-4 must be completed)**

1. Name of limited liability Company as it appears on the records of the Florida Department of  
Arete Diet and Health LLC  
State: \_\_\_\_\_

Enter new principal office address, if applicable: \_\_\_\_\_

(Principal office address  
MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: \_\_\_\_\_

(Mailing address  
MAY BE A POST OFFICE BOX)

M23000009827

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

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 07/28/2023

**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: Missy Atkins

New Registered Office Address: 7110 Remington Oaks Loop

Enter Florida Street Address

Lakeland 33810  
City Florida 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.*

*Missy Atkins*

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)(c), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Barry Atkins	7110 Remington Oaks Loop	<input type="checkbox"/> Add
		Lakeland, Florida 33810	<input checked="" type="checkbox"/> Remove
MBR	Barry Atkins	7110 Remington Oaks Loop	<input type="checkbox"/> Add
		Lakeland, Florida 33810	<input checked="" type="checkbox"/> Remove
AP	Barry Atkins	7110 Remington Oaks Loop	<input type="checkbox"/> Add
		Lakeland, Florida 33810	<input checked="" type="checkbox"/> Remove
MGR	Missy Atkins	7110 Remington Oaks Loop	<input type="checkbox"/> Add
		Lakeland, Florida 33810	<input checked="" type="checkbox"/> Remove
MBR	Missy Atkins	7110 Remington Oaks Loop	<input type="checkbox"/> Add
		Lakeland, Florida 33810	<input checked="" 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.

Missy Atkins  
Signature of the authorized representative  
Missy Atkins

\_\_\_\_\_  
Typed or printed name of signee

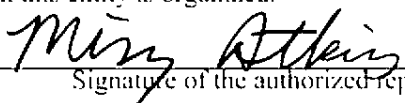
Filing Fee: \$25.00

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	Arete E-Commerce Group LLC	16192 Coastal Highway	<input checked="" type="checkbox"/> Add
		Lewes, Delaware 19958	<input type="checkbox"/> Remove
MBR	Arete E-Commerce Group LLC	16192 Coastal Highway	<input checked="" type="checkbox"/> Add
		Lewes, Delaware 19958	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<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  
Missy Atkins

\_\_\_\_\_  
Typed or printed name of signee

Filing Fee: \$25.00