N45771

(Re	equestor's Name)	
(Ad	dress)	
(Ad	idress)	
(Cit	ty/State/Zip/Phone	= #)
PICK-UP	MAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



600317269816

08/22/18--01010--020 **35.00

FILED

18 AUG 22 PH 3: 2:
ALLAHASSEE FLORIDA

AUG 2 4 Z018 S. YOUNG

COVER LETTER

TO: Amendment Section **Division of Corporations**

*

Ž.

NAME OF CORPORATION		y of Nutrition and D	ietetics, li	nc.
DOCUMENT NUMBER:	N45771	· · · · · · · · · · · · · · · · · · ·		
The enclosed Articles of Am	nendment and fee are subm	itted for filing.		
Please return all corresponde	ence concerning this matter	to the following:		
		Camila Miyar		
	(Name of Contact Person	n)	
	Florida Acad	lemy of Nutrition and	d Dietetic	s
		(Firm/ Company)		
		2041 Delmar Ave.		
		(Address)	•	
	Verd	Beach, FL 32960		
	(City/ State and Zip Cod	e)	
	cam	ilamiyar@gmail.con	n	
Е	-mail address: (to be used	for future annual report	notification)
For further information conc	eerning this matter, please of	rall:		
Camila Miyar		at		23-9970
	(Name of Contact Person)		rea Code)	(Daytime Telephone Number)
Enclosed is a check for the f	following amount made pay	able to the Florida Depart	artment of S	State:
\$35 Filing Fee	□\$43.75 Filing Fee & U Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certifi Certifi	Diffing Fee icate of Status ied Copy is iconal Copy is sed)
Mailing A	Address	Street	Address	

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

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Orlando Academ	y of Nutrition and Dieteti	CS
----------------	----------------------------	----

(Name of Corporation as current	ly filed with the Florida D	ept. of State)		
N45771				
(Document Number	r of Corporation (if known)			
Pursuant to the provisions of section 617,1006, Florida Statutes amendment(s) to its Articles of Incorporation:	s, this <i>Florida Not For Prof</i>	it Corporation adopts	the following	
A. If amending name, enter the new name of the corporation	on:			
Central Florida Academy of Nutrition and Dietet	ics Tric		The new	
name must be distinguishable and contain the word "corporati "Company" or "Co." may not be used in the name.	ion" or "incorporated" or t	he abbreviation "Corp	" or "Inc."	
B. Enter new principal office address, if applicable:	Florida Academy of N	lutrition and Dieteti	cs	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	1839 B Buford Ct.			
	Tallahassee, FL 32308			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Florida Academy of Nutrition and Dietetics			
	Attn: Christine Stapell			
	P.O. BOX 12608, Tallahassee, FL 32317			
D. If amending the registered agent and/or registered office		the name of the		
new registered agent and/or the new registered office at	<u>idress:</u>	,	ي ۾	
Name of New Registered Agent:	Camila Miyar		<u> </u>	
	2041 Delmar Ave			
New Registered Office Address:	(Florida s	treet address)		
	Vero Beach	, Florida	32960	
	(City)	(Zip Code)		
New Registered Agent's Signature, if changing Registered A lereby accept the appointment as registered agent. I am fan		bligations of the position	on.	
	Camila M	Musar		
	gnature of New Registered i	<i>A</i>		

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change X Remove X Add	$\overline{\underline{\mathbf{v}}}$ $\underline{\underline{\mathbf{M}}}$	ohn <u>Doe</u> like Jones ally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	<u> </u>	Camila Miyar	2041 Delmar Ave.
Add			Vero Beach, FL 32960
Remove			
2) Change	T	Cheryl Marsland	271 Seaglass Dr.
✓ Add			Melbourne, FL 32951
Remove	V	David Trinkle	
3) Change		David Triffide	1513 Crosswind Circle
Add			Orlando, FL 32825
Remove			
4) Change	D	Jessica Levings	607 N McDonald Ave
Add			DeLand, FL 32724
Remove			
5) Change	Т	Carley Rusch	982 Warehouse Rd.
Add			Apt. 20104
✓ Remove			Orlando, FL 32803
6) Change	Р	Megan Ware	1120 Palmer St.
Add			Orlando, FL 32801
Remove			

ttach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
<u> </u>	

The	date of each amei	ndment(s) adoption:	, if other than the
date	this document was	signed.	
Effe	ctive date <u>if appli</u>	cable:	
		(no more than 90 days after amendment file date)	
		ed in this block does not meet the applicable statutory filing requirements, this date will not ate on the Department of State's records.	be listed as the
Ado	ption of Amendm	ent(s) (<u>CHECK ONE</u>)	
ď	The amendment(s was/were sufficient) was/were adopted by the members and the number of votes cast for the amendment(s) at for approval.	
	There are no mem adopted by the bo	bers or members entitled to vote on the amendment(s). The amendment(s) was/were ard of directors.	
	Dated	07 / 30 / 2018	
	Signature	Canila Miyar (By the chairman or vice chairman of the board, president or other officer-if directors	_ _
	·	(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
		Camila Miyar	
		(Typed or printed name of person signing)	
		Co-President	
		(Title of person signing)	