## P12000030027

(Re	questor's Name)	
(Ad	dress)	
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<b>(</b> Bu	siness Entity Nan	ne)
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Amend 101.28.13

## **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPORA		ILTRITION.CO	of Inc.
DOCUMENT NUMBER	DITARA	30027	
***	imendment and fee are su	bmitted for filing.	1
Please return all correspo	ndence concerning this ma	tter to the following:	
teast team an correspo	·	NAZAROW	
		Name of Contact Person	•
	TOTALNUT	TRITION. COM	, INC.
i kanada 🗒		Firm/ Company	
	1681 COR	AL AVE.	
and the second s		Address	
	NORTH L	AL AVE.  Address AUDELDALE, 1	Z 33068
		City/ State and Zip Code	
	TOTALNUT	RITION1@C	S. COM
· · · · · · · · · · · · · · · · · · ·	E-mail address: (to be us	sed for future annual report no	otification)
For further information co	oncerning this matter, pleas	se call:	· 
CAROLINA	NAZAROW	11 CM 101 at (#1954	557-0753
Name of C	Contact Person	Area Code	& Daytime Telephone Number
Enclosed is a check for th	e following amount made	payable to the Florida Depart	ment of State:
\$35 Filling Fee	□\$43.75 Filing Fee &		□\$52.50 Filing Fee
	Certificate of Status	Certified Copy (Additional copy is	Certificate of Status Certified Copy
		enclosed)	(Additional Copy
	:	•	is enclosed)
Mailin	z Address	Street A	idress
· · · ———	ment Section	1	ent Section

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



	17/
TOTALNUTRITION. COM, INC.	
(Name of Corporation as currently filed with the Florida Dept. of State)	
P1200030027	
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following a	mendment(s) to
its Articles of Incorporation:	
A: If amending name, enter the new name of the corporation:	
	•
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbi	he new reviation
"Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must con	rtain the
word "chartered;" "professional association," or the abbreviation "P.A."	
B. Enter new principal office address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
	•
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
$(\Lambda/\Lambda)$	1
	, •
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:	
Name of New Registered Agent	
	•
(Riorida sfreet paderess)	
New Registered Office Address: , Florida	
(City) (Zip Code)	,
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.	
Signature of New Registered Agent if changing	

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	<u>PT</u>	John Doe			
X Remove	. <u>V</u>	Mike Jone	<u>\$</u>	•	
X Add	<u>\$V</u>	Sally Smit	<u>h</u>		. •
Type of Action (Check One)	<u>Title</u>		lame	<u> </u>	.ddress
l)Change	DPVS	$\mathcal{I}$ . If	ALAN NAZAROW		681 CORAL AVE.
Add	;	¥			ORTH LAUDERDA
Remove		•		<u>/</u>	FLORIDA 33068
2) Change	DPVS	<u> </u>	CAROLINA NAZARU	nω _	1681 CORAL AVE.
Add			•	1	IORTH LAWDERBAL
Remove	:	1		1	-LORIDA 33068
3) Change		_ · ` ,_		<del> </del>	
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4)Change			·		
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Remove	•	•			
5)Change					
Add	* - 24				
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6)Change				<u> </u>	
Add			•	_	
Remove		, 1	•		•

	nal sheets, if nec	essary). (Be sp	ecific)		
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provisions fo	<u>r implementing</u>	the amendment	ciassification, or if not contained i	cancellation of iss in the amendment	<u>ued shares,</u> itself:
(if not ap	plicable, indicate	e N/A)		\	
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The date of each amendment(s)	Adoption: 01/23/20/3
Effective date <u>if applicable</u> :	IMMEDIATELY
	(no more than 90 days after amendment file date)
doption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were ac by the shareholders was/were s	lopted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval.
	proved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s):
"The number of votes cas	t for the amendment(s) was/were sufficient for approval
by	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
•	(voting group)
action was not required.  The amendment(s) was/were ad	lopted by the board of directors without shareholder action and shareholder lopted by the incorporators without shareholder action and shareholder
Dated0//	23/20/3
Signature	la la
(By a selection	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court nted fiduciary by that fiduciary)
	ALAN NAZAROW
	(Typed or printed name of person signing)
	DPVST
	(Title of person signing)