

L16000108960

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

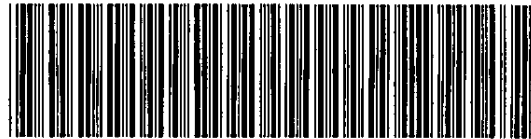
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TALLAHASSEE, FLORIDA

NOV 04 2016

CLERK



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 7, 2016

NAIM ZARZOUR
150 SE 3RD AVENUE #510
MIAMI, FL 33131

SUBJECT: 11:11 HEALTHY TIME LLC
Ref. Number: L16000108960

We have received your document for 11:11 HEALTHY TIME LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6051.

Yasemin Y Sulker
Regulatory Specialist II

Letter Number: 616A00021695

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 11: Healthy Time LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Na'im Zarzour
Name of Person

Firm/Company

150 SE 3rd Avenue #510
Address

Miami, Florida, 33131
City/State and Zip Code

11.11healthytime@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Na'im Zarzour at (305) 399 2006
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|---|--|--|--|

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

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

11:11 Healthy Time LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 06/06/2016 and assigned Florida document number 216000108960

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

150 SE 3rd Avenue,
#510, Miami, Florida, 33131

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

150 SE 3rd Avenue #510
Miami, Florida, 33131

B. If amending the registered agent and/or registered office 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:

150 SE 3rd Avenue #510
Enter Florida street address
Miami, Florida, Florida 33131
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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Naim Zaezour	150 SE 3 rd Avenue	<input type="checkbox"/> Add
		#510, Miami, Florida.	<input type="checkbox"/> Remove
		33131	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

FILED
NOV-3 PM 4:08
CLERK OF STATE
TALLAHASSEE, FLORIDA

16 NOV - 3 PM 4:58
COUNTY OF ST. LUCIE
MILAHASSEE, FLORIDA

16 NOV - 3 PM 4:30
OFFICE OF STATE
ATTORNEY GENERAL
TALLAHASSEE, FLORIDA

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

(b) The 90th day after the record is filed.

_____, _____
Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Naim Zafar

Typed or printed name of signer