

LD4000072838

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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WAIT

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MAIL

(Business Entity Name)

LD4-72838

(Document Number)

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08 JAN 22 PM 4:12
SECRETARY OF STATE
TALLAHASSEE FLORIDA

M. O'Connell

JAN 22 2008

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: THE HEALTH STATION 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:

LEA DiGiovanni

(Name of Person)

(Same as above)

(Firm/Company)

2500 N. HWY A1A

(Address)

INDIANLAND, FL 32903

(City/State and Zip Code)

For further information concerning this matter, please call:

Lea DiGiovanni

(Name of Person)

at (321) 773-5678

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☒ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 16, 2008

LEA DIGIOVANNI
2500 N HWY A1A
INDIALANTIC, FL 32903

SUBJECT: THE HEALTH STATION, LLC
Ref. Number: L04000072838

We have received your document for THE HEALTH STATION, 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):

You did not send Page 2 which has the signature page. I am enclosing the 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) 245-6067.

Neysa Culligan
Document Specialist

Letter Number: 308A00003431

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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

08 JAN 22 PM 4:13

SECRETARY OF STATE
TALLAHASSEE FLORIDA

THE HEALTH STATION 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 10/06/04 and assigned
Florida document number L04000072838

This amendment is submitted to amend the following:

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

The Jungle Organic LLC.

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

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: _____

(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 608, 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)

ATTN: NEXSA PG 2.

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<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
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated

January 22, 2008

Lea DiGiovanni
 Signature of a member or authorized representative of a member

Lea DiGiovanni
 Typed or printed name of signer

SECRETARY OF STATE
 PALM BEACH COUNTY, FLORIDA

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