

LOS000070285

(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:

Page 3 misy

Office Use Only



000295779880

02/24/17--01031--006 **30.00

MAR 16 2017
S. YOUNG

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
17 FEB 24 PM 1:39



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 27, 2017

DEBBY KERR-HENRY
MOMENTOUS LIVING
538 CANAL STREET STE 298
NEW SMYRNA BEACH, FL 32168

SUBJECT: MOMENTOUS HEALTH LLC
Ref. Number: L05000070285

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
17 FEB 24 PM 1:39

We have received your document for MOMENTOUS HEALTH 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):

PAGE 3 MISSING

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.

Shelia H Young
Regulatory Specialist II

Letter Number: 417A00003734

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Momentous Living
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:

Debbay Kerr-Henry
Name of Person

Momentous Living
Firm/Company

538 Canal St, Ste. 298
Address

New Smyrna Beach, FL 32168
City/State and Zip Code

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

FILED
SECRETARY OF STATE
TALLAHASSEE, FL 32301
17 FEB 24 PM 1:39

For further information concerning this matter, please call:

Debbay Kerr-Henry at (407) 221-6931
Name of Person 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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Momentous Health 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 7/18/2005 and assigned
Florida document number LD5000070285

Reinstated 11/9/2011

This amendment is submitted to amend the following:

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

Momentous Living LLC

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)

231 Hubbell St.

Edgewater, FL 32132

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

S38 Canal St, Ste 298

New Smyrna Beach, FL

32168

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:

Debby Kerr-Henry

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 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.

Debby Kerr-Henry
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	from	538 Canal St., Ste 298	<input type="checkbox"/> Add
	Debby Henry	New Smyrna Beach, FL	<input type="checkbox"/> Remove
	to	32168	<input checked="" type="checkbox"/> Change
	Debby Kerr-Henry		
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
 STATE
 DEPT OF
 STATE
 FALL 1998

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

[illegible]

17 FEB 24 PM 1:39
DEPT OF STATE
SECRETARY OF FLORIDA
TALLAHASSEE

E. Effective date, if other than the date of filing: _____ (optional)
(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)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated

3-16-17

Signature of a member or authorized representative of a member

DEWAY KERS - Henry
Typed or printed name of sign

Typed or printed name of signee