

LO7000097070

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

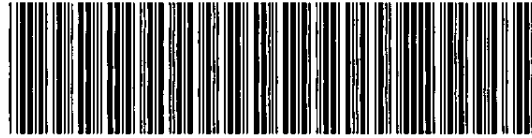
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800122700158

04/10/08--01015--012 **25.00

FILED

08 APR 10 AM 10:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LO7-97070

GA. Thomas APR 11 2008

SIMON, SIGALOS & SPYREDES

PROFESSIONAL ASSOCIATION
ATTORNEYS AT LAW
3839 NW BOCA RATON BOULEVARD
SUITE 100
BOCA RATON, FLORIDA 33431

MICHAEL W. SIMON
GEORGE L. SIGALOS
ANASTASIOS TOM SPYREDES
DAMON E. GASSER
JENNIFER L. BOUSSY

TELEPHONE (561) 447-0017
FACSIMILE (561) 447-0018

April 7, 2008

Department of State
Registration Section Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: HAVNUTRITION, LLC

To Whom It May Concern:

Enclosed please find this firm's check in the amount of \$25.00 representing the filing fee for the Articles of Amendment to Articles of Organization of Havnutrtion, LLC.

Please file the Articles of Amendment and return a copy to this office in the enclosed preaddressed and stamped envelope provided herewith for your convenience. Should you have any questions, please do not hesitate to contact me.

Very truly yours,



Michael W. Simon

MWS:hg

Enclosures

\\file-server\Public\Clients\Honowitz\Div of corp 4.7.08.doc

08 APR 10 AM 10:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: HAVNUTRITION, 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:

Michael W. Simon

(Name of Person)

Simon, Sigalos & Spyredes, PA

(Firm/Company)

3839 NW Boca Raton Blvd., #100

(Address)

Boca Raton, FL 33431

(City/State and Zip Code)

For further information concerning this matter, please call:

Michael W. Simon

(Name of Person)

at (561) 447-0017

(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

FILED
08 APR 10 AM 10:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

HAVNUTRITION, 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 09/24/2007 and assigned Florida document number L07000097070.

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

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)

FILED
APR 10 AM 10:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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)

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>
MGRM	Michael Robert Degen	9399 Boca River Circle	<input checked="" type="checkbox"/> Add
		Boca Raton, Florida 33434	<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

Dated April 7, 2008.



Signature of a member or authorized representative of a member

Adam Honowitz

Typed or printed name of signee