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| Special Instructions to Filing Officer: | | | |
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SECRETARY OF STATE

M. THOMAS

JUL 9 2009

EXAMINER

COVER LETTER

| TO: Registration Division of | n Section Corporations | er Total of the state of the st | |
|-------------------------------|--|---|--|
| SUBJECT: | HEALTHIFIE | D MEDIA GROUP LLC | |
| SUBJECT: | | nited Liability Company | |
| The enclosed Articles | s of Amendment and fee(s) are so | ubmitted for filing. | |
| Please return all corre | espondence concerning this matter | er to the following: | |
| | | Sostre George | |
| | | Name of Person | |
| | HEALTHIFIED MEDIA GROUP LLC | | |
| | | Firm/Company | |
| | 857 | N. LAKE CLAIRE CIRCLE | |
| | | Address S.A. | |
| | , | OVIEDO FL 32765 City/State and Zip Code | |
| | Rick | Othehealthifiedkitchen.com | |
| | E-mail address: | (to be used for future annual report notification) | |
| For further information | on concerning this matter, please | call: | |
| | Sostre George ne of Person | at (407) 6166516 Area Code & Daytime Telephone Number | |
| Enclosed is a check f | or the following amount: | | |
| \$25.00 Filing Fee | \$30.00 Filing Fee & Certificate of Status | S55.00 Filing Fee & S60.00 Filing Fee, Certified Copy (additional copy is enclosed) Certificate of Status & Certified Copy (additional copy is enclosed) | |
| Re _j Div P.C | AILING ADDRESS: gistration Section vision of Corporations D. Box 6327 lahassee, 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

| HEAL I HI | FIED MEDIA GROUP L | LC . | |
|--|---|---|--|
| (Name of the Limited Lia (A Flo | bility Company as it now appears orida Limited Liability Company) | on our records. | |
| The Articles of Organization for this Limited Liabi Florida document number | lity Company were filed on | | |
| This amendment is submitted to amend the following | ng: | A PER SE | |
| A. If amending name, enter the new name of the | e limited liability company here: | | |
| The new name must be distinguishable and end with th "L.L.C." | e words "Limited Liability Compan | y," the designation "Legy or the breviator | |
| Enter new principal offices address, if applicable | e: | 92 6 | |
| (Principal office address MUST BE A STREET A | DDRESS) | ŐP | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO) | | | |
| B. If amending the registered agent and/or registered agent and/or the new registered office | ~ | r records, <u>enter the name of the new</u> | |
| 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

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>Address</u> **Type of Action** <u>Title</u> <u>Name</u> MGR Miguel Munoz 1154 Arbor Hill Circle ✓ Add Minneola, Fl. 34715 Remove Add ☐ Remove ∏Add Remove ∐Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) June 19th 2009 Dated_ Signature of a member of authorized representative of a member Sostre George Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00