L090000 U8570

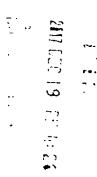
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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DEC 19 2017 J. HARRIS

COVER LETTER

TO:	Registration Division of C			
SUBJEC	71/8"	Delights II, LLC		
SUBJEC		Name of Lim	ited Liability Company	
The encl	osed Articles	of Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all corres	pondence concerning this matter	to the following:	
		Kenan Donmez		
			Name of Person	
		Healthy Delights II, LLC		
			FimilCompany	
		1455 NW 107 Avenue #43	2	
			Address	
		Doral, FL 33172		
			City/State and Zip Code	
		kendonmez@yahoo.com		
For furth	er information	n concerning this matter, please ca	to be used for future annual report notifiall:	cation)
Kadir Ai	ltinova		786 636-5886	
	Name	e of Person	Area Code Daytime	Telephone Number
Enclosed	i is a check for	the following amount:		
□ \$25.0	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:

TO:

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



December 5, 2017

KENAN DONMEZ 1455 NW 107 AVENUE #432 DORAL, FL 33172

SUBJECT: HEALTHY DELIGHTS II, LLC

Ref. Number: L09000048570

2017 EEC 19 AMILIES

We have received your document for HEALTHY DELIGHTS II, 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):

The registered agent must sign accepting the designation.

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.

Jenna D Harris Regulatory Specialist II

Letter Number: 317A00024519

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Healthy Delights II, LLC	<u> </u>	
(Name of the Lim	ited Liability Company as it now appe (A Florida Limited Liability Company	ears on our records.) y)
The Articles of Organization for this Limited landscape of Organization for the Organization for this Limited landscape of Organization for the Organization f	Liability Company were filed on _	12/01/2017 and assigned
his amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name	of the limited liability company	here:
he new name must be distinguishable and contain the	words "Limited Liability Company," th	e designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	No.71 Ren Control work
Principal office address MUST BE A STRE	ET ADDRESS)	(C) (C)
		C) ee
Enter new mailing address, if applicable:		. :>
Mailing address MAY BE A POST OFFICE	<u></u>	PAY
B. If amending the registered agent and registered agent and/or the new registered of New Registered Agent:		on our records, enter the name of the
New Registered Office Address:	1455 NW 107 Avenue #432	
New Registered Office Hadress.	Enter F	Florida street address
	Doral	, Florida ³³¹⁷²
	City	Zip Code
New Registered Agent's Signature, if changing	Registered Agent:	
l hereby accept the appointment as register provisions of all statutes relative to the pro		· · · · · · · · · · · · · · · · · · ·

If Changing Registered Agent, Signature of New Registered Agent

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 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>	Address	Type of Action
MGR	Kenan Donmez	1455 NW 107 Avenue #432	
		Doral, FL 33172	■ Remove
			Change
MGR	Kadir Altinova	1455 NW 107 Avenue #432	Add
		Doral, FL 33172	Remove
			Change
			Add
			Remove
			Change
			Remove
			Change
			<u>∑</u> 3dd ;;
			Remove
			Change
-			
			Remove
			□ Change

	from Kenan Donmez to K	Cadir Altinova.		
				
			_ . .	
			<u> </u>	
				
				
	12/01/20	17		
ctive date, if other than the	date of filing: 12/01/20		(optiona	l)
	lock does not meet the app	licable statutory filing r		
effective date is listed, the date muse: If the date inserted in this bl	epartment of State's record	ds.		
e: If the date inserted in this blument's effective date on the D				
e: If the date inserted in this blument's effective date on the D record specifies a delayed	d effective date, but i	not an effective tim	e, at 12:01 a.m	n. on the earlie
e: If the date inserted in this bl	d effective date, but i ord is filed.	not an effective tim	ie, at 12:01 a.m	n. on the earlie
e: If the date inserted in this blument's effective date on the December 1	d effective date, but r cord is filed. 2017	not an effective tim	e, at 12:01 a.m	n. on the earlie
e: If the date inserted in this blument's effective date on the D record specifies a delayed he 90th day after the rec	ord is filed.	not an effective tim	e, at 12:01 a.m	n. on the earlie
e: If the date inserted in this blument's effective date on the December 1	ford is filed. $\frac{2017}{4}$	·		on the earlie
e: If the date inserted in this blument's effective date on the December 1	ord is filed.	·		n. on the earlie
e: If the date inserted in this blument's effective date on the December 1	ford is filed. $\frac{2017}{4}$	·		n. on the earlie

Page 3 of 3

Filing Fee: \$25.00